

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: LILIPIP INC.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 2618 E. UNION ST. SEATTLE WA 98103

Name of Agent Designated to Receive Notification of Claimed Infringement: KSENIA OUSTIOUGOVA

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): 2618 E UNION ST. SEATTLE WA 98103

Telephone Number of Designated Agent: 206 229 9674

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: ksenia @ lilipip. com

Signature of Officer or Representative of the Designating Service Provider: _____ Date: Nov. 15th, 2007

Typed or Printed Name and Title: KSENIA OUSTIOUGOVA, PRESIDENT & CEO

SCANNED ✓ 1 - 09 / 2008

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



RECEIVED

DEC 12 2007
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