

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

Full Legal Name of Service Provider: CIRCONUS, INC

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

Address of Service Provider: 7070 SAMUEL MORSE DR #150 COLUMBIA MD 20146

Name of Agent Designated to Receive
Notification of Claimed Infringement: SHERRY SCHLOSSNAGLE

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):
7070 SAMUEL MORSE DRIVE STE 150 COLUMBIA MD 21046

Telephone Number of Designated Agent: 443-325-1357 EXT 311

Facsimile Number of Designated Agent: 301-497-2001

Email Address of Designated Agent: ip-compliance@circonus.com

Signature of Officer, Representative of the Designating Service Provider: _____
Date: AUGUST 16, 2012

Typed or Printed Name and Title: SHERRY SCHLOSSNAGLE
MEMBER, BOARD OF DIRECTORS

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

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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