

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

Full Legal Name of Service Provider: Cloze, Inc.

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

Address of Service Provider: 33 Pine Ridge Road, Wellesley, MA 02481

Name of Agent Designated to Receive Notification of Claimed Infringement: Alex Coté

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):
396 WASHINGTON ST #138, WELLESLEY, MA 02481

Telephone Number of Designated Agent: (617) 475-0774

Facsimile Number of Designated Agent: 781-644-6072

Email Address of Designated Agent: dmca@cloze.com

Designating Service Provider: _____
Date: 6/11/2012

Typed or Printed Name and Title: Alex Coté, Founder, Chief Marketing Officer

**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**

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JUL 25 2012

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



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