

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

**Full Legal Name of Service Provider:** Michael S. Jones dba City Residential

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** City Residential, www.CityResidential.net

**Address of Service Provider:** 1400 Solano Ave #8, Albany, CA 94706

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Michael Jones

**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):  
1400 Solano Ave #8, Albany, CA 94706

**Telephone Number of Designated Agent:** (510) 527-2489

**Facsimile Number of Designated Agent:** (510) 527-1059

**Email Address of Designated Agent:** ABUSE@CityResidential.net

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
Date: May 8, 2007

**Typed or Printed Name and Title:** Michael S. Jones / Owner

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



**RECEIVED**

MAY 15 2007  
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SCANNED 05 25 - 2007