

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

**Full Legal Name of Service Provider:** Independent Party of Oregon

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

**Address of Service Provider:** 9220 SW Barbur Blvd, Suite 119-254, Portland, OR 97219

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Linda K. Williams

**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):  
10266 S.W. Lancaster Road  
Portland, OR 97219

**Telephone Number of Designated Agent:** 503-293-0399

**Facsimile Number of Designated Agent:** 866-795-9415

**Email Address of Designated Agent:** linda@lindawilliams.net



of the Designating Service Provider:

Date: 12/29/11

Typed or Printed Name and Title: Linda K. Williams, Chair

**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](http://www.copyright.gov/docs/fees.html)**

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