Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

provide	tive Name(s) of Service Provider (including all names under which the r is doing business):
Address	of Service Provider: 1201 N.E. Lloyd Blvd, Suite 500, Portland, OR 97
	f Agent Designated to Receive tion of Claimed Infringement:
Full Ad or similar location):	dress of Designated Agent to which Notification Should be Sent (a P.O. Bodesignation is not acceptable except where it is the only address that can be used in the geograph
	1201 N.E. Lloyd Blvd, Suite 500, Portland, OR 97232
Telepho	e Number of Designated Agent: (503) 453 - 8223
Facsimi	ddress of Designated Agent: (503) 453 – 8223
Facsimi Email A Identify Date, so	
Facsimi Email A Identify Date, so Office: I	ddress of Designated Agent: abuse@integra.net the Interim Designation to be Amended, by Service Provider Name and F that it may be Readily Located in the Directory Maintained by the Copyri
Facsimi Email A Identify Date, so Office: I	ddress of Designated Agent: abuse@integra.net the Interim Designation to be Amended, by Service Provider Name and F that it may be Readily Located in the Directory Maintained by the Copyri

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