

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

Basic fee of \$105 covers indexing of this one name.

Full Legal Name of Service Provider: Wild Shadow Studios, Inc.

Additional \$30 per group of 10 or fewer.

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

Address of Service Provider: 253 Hillview ave. Los Altos CA 94022

Name of Agent Designated to Receive Notification of Claimed Infringement: Alexander Carobus

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):
253 Hillview ave. Los Altos CA 94022

Telephone Number of Designated Agent: 650-305-1581

Facsimile Number of Designated Agent: 815-377-3759

Email Address of Designated Agent: alex@wildshadow.com

Signature [Redacted Signature] **Agent of the Designating Service Provider:**
Date: 2/15/2011

Typed or Printed Name and Title: Alexander Carobus, Co-founder

**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**

Scanned
MAR 04 2011

Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



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