

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

Full Legal Name of Service Provider: deafReview

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

Address of Service Provider: 4240 Gilman PL W, Seattle, WA 98199

Name of Agent Designated to Receive Notification of Claimed Infringement: Melissa Greenlee

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):

3724 W Commodore Way
Seattle, WA 98199

Telephone Number of Designated Agent: 206.397.8631

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: echo@deafreview.com

Signature of Officer or Representative of the Designating Service Provider:



Date: 3/24/12

Typed or Printed Name and Title: Melissa Greenlee, owner

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



Received

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