Form One

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Eyecon Resources
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): EyeC, Eyecon,
Address of Service Provider: 1731 Embarcadero Road Suite #220, Palo Alto, CA 94303
Name of Agent Designated to Receive Notification of Claimed Infringement: Bhumika Kapadia
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): 1731 Embarcadero Road Suite #220, Palo Alto, CA 94303
Telephone Number of Designated Agent: (408) 230-3455
Facsimile Number of Designated Agent:
Email Address of Designated Agent: Bhumika@eyecon.com
ing Service Provider: Date:8[15]11

Typed of Printed Name and Title: Bhumika Kapadia, VP of Product

Note: This Interim Designation Must be Accompanied by a \$105 Filing Fee Made Payable to the Register of Copyrights.



