

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

Full Legal Name of Service Provider: MyTOPReferrals.com LLC

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

Address of Service Provider: 6821 11th Ave. NE, Lacey, WA 98516

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Carl Hancock

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):
6821 11th Ave. NE,
Lacey, WA 98516

Telephone Number of Designated Agent: (360) 789-5023

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: carl@MyTOPReferrals.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 11/22/2011

Typed or Printed Name and Title: Carl Hancock - 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**

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



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