Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the servi-	
Address of Service Provider: 901 M	ssion Street, San Francisco, CA 94103
Name of Agent Designated to Reco	
	to which Notification Should be Sent (a P.O. Box where it is the only address that can be used in the geographic 94103
Telephone Number of Designated	Agent: (415) 375-3176
Facsimile Number of Designated A	Agent: (415) 281-3977
Email Address of Designated Ager	t:_compliance@squareup.com
Signature of Officer of Representation	ve of the Designating Service Provider: Date:
Typed or Printed Name and Title: A	•

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

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www.copyright.gov/docs/fees.html



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