

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

**Full Legal Name of Service Provider:** Mammoirs LLC

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

**Address of Service Provider:** 24425 Jefferson Place NE, Kingston WA 98346

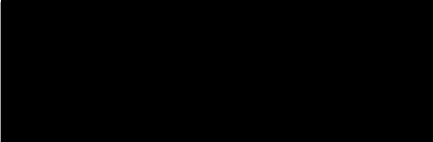
**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Elisabeth Dale

**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): 24425 Jefferson Place NE, Kingston, WA 98346

**Telephone Number of Designated Agent:** 206-954-9671

**Facsimile Number of Designated Agent:** N/A

**Email Address of Designated Agent:** e@thebreastlife.com

 representative of the Designating Service Provider:  
Date: 6/28/2011

**Typed or Printed Name and Title:** Elisabeth Dale, Owner, Mammoirs LLC

**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](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
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P.O. Box 71537  
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