

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

Full Legal Name of Service Provider: The Tor Project, Inc.
torproject.org

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

Address of Service Provider: 969 Main Street, Suite 206, Walpole, MA 02081-2972 USA

Name of Agent Designated to Receive Notification of Claimed Infringement: Andrew Lewman

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):
969 Main Street, Suite 206
Walpole, MA 02081-2972 USA

Telephone Number of Designated Agent: +1-781-424-9877

Facsimile Number of Designated Agent: N/A

Email Address of Designated Agent: tor-assistants@torproject.org

Signature _____ **Representative of the Designating Service Provider:**
_____ **Date:** 2010-11-22

Typed or Printed Name and Title: Andrew Lewman, Executive Director

**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 RRP
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Washington, DC 20024



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