

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

Full Legal Name of Service Provider: Without My Consent

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

Address of Service Provider: 912 Cole Street, #276, San Francisco, CA 94117

Name of Agent Designated to Receive Notification of Claimed Infringement: Erica T. Johnstone

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): 912 Cole Street, #276, San Francisco, CA 94117

Telephone Number of Designated Agent: (401) 324-9623

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: founders@withoutmyconsent.org

Signature of Officer or Representative of the Designating Service Provider:
[Redacted Signature] **Date:** May 26, 2011

Typed or Printed Name and Title: Erica T. Johnstone, Vice President, Without My Consent

**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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