

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

Full Legal Name of Service Provider: 5NINES llc

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

Address of Service Provider: 222 West Washington Avenue #360, Madison WI 53703

Name of Agent Designated to Receive Notification of Claimed Infringement: Rylee Wedekind

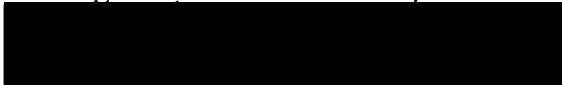
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
222 West Washington Avenue #360, Madison, WI 53703

Telephone Number of Designated Agent: 608.512.1000

Facsimile Number of Designated Agent: 608.512.1025

Email Address of Designated Agent: legal@5nines.com

Signature of Officer or Representative of the Designating Service Provider:



Date: Jan 5, 2012

Typed or Printed Name and Title: _____

Rylee Wedekind, COO

**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**



**Scanned
MAR 30 2012**

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