

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

Full Legal Name of Service Provider: Arcivr, LLC.

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

Address of Service Provider: 515 S. Capital of Texas HW, Suite 250, Austin, TX 78746

Name of Agent Designated to Receive Notification of Claimed Infringement: Chris Korbey

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):
515 S. Capital of Texas HW, Suite 250, Austin, TX 78746

Telephone Number of Designated Agent: 512-306-8032

Facsimile Number of Designated Agent: 512-306-8061

Email Address of Designated Agent: info@arcivr.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 12/16/13

Typed or Printed Name and Title: CEO

**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**

**Scanned
JAN 17 2014**



**Received
DEC 30 2013
Copyright Office**