

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

Full Legal Name of Service Provider: AUDIO SPAWN, LLC

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

Address of Service Provider: 1491 BRIARCROFT RD. CLAREMONT, CA
91711

Name of Agent Designated to Receive Notification of Claimed Infringement: JOHN BURKE

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):

3025 SANTA PAULA DR. CONCORD, CA 94518

Telephone Number of Designated Agent: (925) 595-1221

Facsimile Number of Designated Agent: (925) 595-1221

Email Address of Designated Agent: JBURKE17@MAIL.CSUCHICO.EDU

representative of the Designating Service Provider:

Date: 10/5/13

Typed or Printed Name and Title: JOHN BURKE, CFO

**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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