

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

Full Legal Name of Service Provider: Full DNA Inc

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

Address of Service Provider: 61 Grove Street, Suite G

Name of Agent Designated to Receive Notification of Claimed Infringement: Stamford, CT 06901
ARINDAM NAG

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): 61, Grove Street, Suite G, Stamford

Telephone Number of Designated Agent: CT 06901
+1 646 491 2254

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: @arindam.nag@FullDNA.com



of the Designating Service Provider:
Date: 11/22/15
ARINDAM NAG

**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:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

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Copyright Office