

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

Full Legal Name of Service Provider: Onshape, Inc.

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

Address of Service Provider: One Alewife Center, Suite 130, Cambridge, MA 02140

Name of Agent Designated to Receive Notification of Claimed Infringement: Dan Shore

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):
c/o Onshape, Inc., One Alewife Center, Suite 130, Cambridge, MA 02140

Telephone Number of Designated Agent: 1-844-667-4273, x4008

Facsimile Number of Designated Agent: 1-844-667-4273

Email Address of Designated Agent: DMCA@onshape.com

 **Representative of the Designating Service Provider:** _____
Date: 2/17/15

Typed or Printed Name and Title: Dan Shore, Chief Financial Officer

**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**

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