

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

**Full Legal Name of Service Provider:** Weaver Labs, Inc.

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

**Address of Service Provider:** 3051 Hill St. Round Rock, TX 78664

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Michael Agustin

**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):  
3051 Hill St. Round Rock, TX 78664

**Telephone Number of Designated Agent:** 619-537-8679

**Facsimile Number of Designated Agent:** 206-415-9910

**Email Address of Designated Agent:** copyright@weaver.co



**Designating Service Provider:**  
**Date:** 5/9/2014

**Typed or Printed Name and Title:** Michael Agustin, 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](http://www.copyright.gov/docs/fees.html)**

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