

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



Full Legal Name of Service Provider: Brooks Sports, Inc.

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

Address of Service Provider: 19820 North Creek Parkway/ Suite 200 / Bothell, WA 98011

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Attn: DMCA Notice

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):
Brooks Sports, Inc./ 19820 North Creek Parkway/ Suite 200 / Bothell, WA 98011-8223

Telephone Number of Designated Agent: 425-489-3131

Facsimile Number of Designated Agent: 425-489-1895

Email Address of Designated Agent: david.bohan@brooksrnning.com

Signature of Officer or Representative of the Designating Service Provider:
[Signature] **Date:** 10/15/2009

Typed or Printed Name and Title: Senior VP General Counsel and Secretary

SCANNED 12 11-2009

**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 GC/I&R
P.O. Box 70400
Washington, DC 20024

