

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

Full Legal Name of Service Provider: Brainshark, Inc.

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

Address of Service Provider: 51 Sawyer Road, Waltham Ma 02453

Name of Agent Designated to Receive
Notification of Claimed Infringement: David Klein

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):
Brainshark Inc., 51 Sawyer Road, Waltham Ma 02453

Telephone Number of Designated Agent: 781.370.8000

Facsimile Number of Designated Agent: 781.370.8190

Email Address of Designated Agent: dklein@brainshark.com

Signature _____ ive of the Designating Service Provider:

Date: 12/13/07

Typed or Printed Name and Title: David Klein, Product Director

SCANNED 03-06-2008

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.

Mail the form to:

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



RECEIVED

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