

**INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION OF  
CLAIMED INFRINGEMENT**

**Full Legal Name Of Service Provider:**

THE GALLO INSTITUTE, LLC

**Alternative Name(S) Of Service Provider (including all names under which the service provider is doing business):**

THE FINANCIALLY INTELLIGENT PARENT

**Address of Service Provider:**

The Gallo Institute, LLC  
11980 San Vicente Blvd. Suite 712  
Los Angeles, CA 90049

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

Jon Gallo

**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):**

The Gallo Institute, LLC  
11980 San Vicente Blvd. Suite 712  
Los Angeles, CA 90049

**Telephone Number of Designated Agent:**

1 310 207 0710

**Facsimile Number of Designated Agent:**

1 310 459 5819

**Email Address of Designated Agent:**

jgallo@galloinstitute.org

**Signature of Officer or Representative of the Designating Service Provider:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Typed or Printed Name and Title:** JON GALLO, PRESIDENT

**Note: This Interim Designation Must be Accompanied by a \$30.00 Filing Fee Made Payable to the Register of Copyrights.**