

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: UKANDO.COM LLC

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

Address of Service Provider: 38559 Foxcroft St. HARRISONTWP, MI 48045

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael W. PARRES

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):

38559 Foxcroft St. HARRISONTWP, MI 48045

Telephone Number of Designated Agent: (586) 465-6495

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: UKANDO@comcast.net

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 4-14-2005

Typed or Printed Name and Title: Michael W. PARRES
owner *

*Added by CO
per M. Parres
phone call,
1/09/06

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.

SCANNED 1/21/06

RECEIVED

APR 19 2005

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