Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provid	ler: Bensonslife Inc
Alternative Name(s) of Service Provider (including all names under which the servi provider is doing business): www. Bensonslife. com, Bensonslife	
Address of Service Provider: www	w. Bensons life. com
Name of Agent Designated to Rece Notification of Claimed Infringement	eive ent: Carrie L. Fry
or similar designation is not acceptable except	which Notification Should be Sent (a P.O. Box where it is the only address that can be used in the geographic Bucyrus, KS 66013
Telephone Number of Designated	Agent: (913) 851-9766
Facsimile Number of Designated A	gent: (913) 851-9700
Email Address of Designated Agen	t: copyright @ Bevisions Life, com
Signature of Officer or Representativ	ve of the Designating Service Provider: Date: 7/25/08
Typed or Printed Name and Title:	Carrie L. Fry, President

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



