

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

Full Legal Name of Service Provider: Wave Home Solutions Inc.

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

Address of Service Provider: 2421 Long Beach Road Oceanside, NY 11572

Name of Agent Designated to Receive Notification of Claimed Infringement: Phil Konigsberg

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):
2421 Long Beach Road Oceanside, NY 11572

Telephone Number of Designated Agent: 516 204 8200

Facsimile Number of Designated Agent: 516 208 8117

Email Address of Designated Agent: phil@wavehomesolutions.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 8-18-08

Typed or Printed Name and Title: Phil Konigsberg, 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

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