Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider:	Linda A. Marostica
Alternative Name(s) of Service Provider (in is doing business):	cluding all names under which the service provider
Impact of Style	
Address of Service Provider: 11815 16th Ave	e., NW Gig Harbor, WA 98332
Name of Agent Designated to Receive Notification of Claimed Infringement: Ms. 1	Margie Burgesser
Full Address of Designated Agent to Which (a P.O. Box or similar designation is not acceptable exceptocation):	Notification Should Be Sent pt where it is the only address that can be used in the geographic
42835 NW Gould Ln.	
Banks, OR 97106	
7. C. C. (1. C.	03) 324-9435
Facsimile Number of Designated Agent: (N/	/A)
Email Address of Designated Agent: des-age	ent@towritewell.com
Signature of Officer or Representative of the	e Designating Service Provider:
. 1	and mark
3#2 3#3 3	Date:
Typed or Printed Name and Title: Linda A. I Founder and President	Marostica
Note: This Interim Designation Must Be Ac	



RECEIVED

AUG 19 2004

COPYRIGHT OFFICE