

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

Full Legal Name of Service Provider: MDTRONIK, INC.

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

Address of Service Provider: 3 Orchard Drive, Queensbury, NY 12804

Name of Agent Designated to Receive
Notification of Claimed Infringement: Ben Haddadnia

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):
3 Orchard Drive, Queensbury, NY 12804

Telephone Number of Designated Agent: (800) 996-9976

Facsimile Number of Designated Agent: (212) 937-3261

Email Address of Designated Agent: bh@mdtronik.com

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

Date: 12/19/06

Typed or Printed Name and Title: Felix A. Gonzalez, Attorney at Law

SCANNED 01 12-2007

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.



RECEIVED

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