

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: **DIABETES HANDS FOUNDATION**

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): **tudiabetes.com, estudiabetes.com**

Address of Service Provider: **2390 CARMEL DR., PALO ALTO, CA 94303**

Name of Agent Designated to Receive Notification of Claimed Infringement: **MANUEL HERNANDEZ**

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): **2390 CARMEL DR., PALO ALTO, CA 94303**

Telephone Number of Designated Agent: **650-283-4862**

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: **info@diabeteshandsfoundation.com**

Signature of Officer or Representative of the Designating Service Provider:

_____ Date: 07/30/2008

Typed or Printed Name and Title: **MANUEL HERNANDEZ, PRESIDENT**

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

SCANNED 08 ' 29 - 2008

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