Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Vasectoms medica . Com	
Alternative Name(s) of Service Provider (including all names under which the provider is doing business): モーベール・トレットル・コートル・	e servic
Address of Service Provider: 4182 Vat 11" Avenue Vanouve, BC	CANI
Name of Agent Designated to Receive Notification of Claimed Infringement: Keun Glassman	·
Full Address of Designated Agent to which Notification Should be Sent (a P.C. I or similar designation is not acceptable except where it is the only address that can be used in the geogral location): 4182 West 1118 Avenue Vancouver & Canada V68 246	phic
Telephone Number of Designated Agent: (604) みみケイス3よ	
Facsimile Number of Designated Agent: (604) 224 4233	
Email Address of Designated Agent: Kglassman & Low. com	
Signature of Officer or Representative of the Designating Service Provider: Date: December 20, 2000	·
Typed or Printed Name and Title: Keuin Glassman, President	
Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.	



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