

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

**Full Legal Name of Service Provider:** Kasey R Johns dba sparkNet Creative

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

**Address of Service Provider:** 406 CM Allen Pkwy / PO Box 1187, San Marcos, TX 78667

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Kasey Johns

**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):  
406 CM Allen Pkwy, Ste D San Marcos, TX 78666

**Telephone Number of Designated Agent:** (512) 396-9424

**Facsimile Number of Designated Agent:** (512) 828-7763

**Email Address of Designated Agent:** support@sparkNetCreative.com

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 12/20/2005

**Typed or Printed Name and Title:** Kasey Johns, Owner

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.**

SCANNED 1 / 0 5 / 0 6

**RECEIVED**

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