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

Notification of Claimed Infringement:Dominique Leveuf  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):  Adina for Life, Inc., 660 York Street, San Francisco, CA 94110  Felephone Number of Designated Agent:(415) 285-9300 Ext. 104  Facsimile Number of Designated Agent:(415) 285-2393  Email Address of Designated Agent:dominique@adinaworld.com  Signature of Officer or Representative of the Designating Service Provider:	Iternative Name(s) of Service Provider (including all names under which the s rovider is doing business):
Name of Agent Designated to Receive Notification of Claimed Infringement:	
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):  Adina for Life, Inc., 660 York Street, San Francisco, CA 94110  Telephone Number of Designated Agent: (415) 285-9300 Ext. 104  Facsimile Number of Designated Agent: (415) 285-2393  Email Address of Designated Agent: dominique@adinaworld.com  Signature of Officer or Representative of the Designating Service Provider:	ddress of Service Provider: 660 York Street, San Francisco, CA 94110
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or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  Adina for Life, Inc., 660 York Street, San Francisco, CA 94110  Telephone Number of Designated Agent: (415) 285-9300 Ext. 104  Facsimile Number of Designated Agent: (415) 285-2393  Email Address of Designated Agent: dominique@adinaworld.com  Signature of Officer or Representative of the Designating Service Provider:	
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Signature of Officer or Representative of the Designating Service Provider:	esimile Number of Designated Agent: (415) 285-2393
Signature of Officer or Representative of the Designating Service Provider:	nail Address of Designated Agent: dominique@adinaworld.com
Date: 5/26/05	
Typed or Printed Name and Title: Stephn Gillespie, Attorney for Adina for L	enature of Officer or Representative of the Designating Service Provider:  Date: 5/26/05

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

SCANNED 8/21/05



MAY 3 1 2005
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