

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: ART-CARE LLC

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

Address of Service Provider: 2105 R Street NW Wash DC
20008

Name of Agent Designated to Receive Notification of Claimed Infringement: Judith Tarr

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):
2105 R St. NW. DC 20008

Telephone Number of Designated Agent: 1-866-278-4455

Facsimile Number of Designated Agent: 202.558.6340
info@art-care.com

Email Address of Designated Agent: www.art-care.com

Signature of Designated Agent: _____
Date: May 22, 2007

Typed or Printed Name and Title: Judith Watkins Tarr, President

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.

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RECEIVED

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