

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

Full Legal Name of Service Provider: Complete Denture Resources, LLC

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

Address of Service Provider: 6231 Morning Drive, Port Orange, FL 32127

Name of Agent Designated to Receive  
Notification of Claimed Infringement: Heather Bond Vargas, Esq.

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):  
Cobb Cole, P.A., 150 Magnolia Avenue, Daytona Beach, FL 32114

Telephone Number of Designated Agent: 386-255-8171

Facsimile Number of Designated Agent: 386-255-0093

Email Address of Designated Agent: Heather.Vargas@CobbCole.com

Signature of Officer or Representative of the Designating Service Provider:

Gwendolyn Traylor Date: 09-25-2008

Typed/Printed Name and Title: Gwendolyn Traylor, Manager

Jefferson Traylor, manager

**SCANNED** ! 0 / 15 - 2008

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

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SEP 29 2008  
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