

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

Full Legal Name of Service Provider: DigiDentist

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

The Dental Wizard, www.thedentalwizard.com

Dental Web Development, www.dentalwebdev.com

Address of Service Provider: Street address same as below*
P.O. Box 3635, Santa Rosa, CA 95402

*Added by CO
per auth.
C. Clark, phone
call, 10/29/02

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Carol Clark

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):

131-A Stony Circle, Suite 500, Santa Rosa, CA 95401

Telephone Number of Designated Agent: (707) 528-8607

Facsimile Number of Designated Agent: (707) 922-0161

Email Address of Designated Agent: carol@digidentist.com

Signature _____ **representative of the Designating Service Provider:**

_____ **Date:** 3/15/02

Typed or Printed Name and Title: Carol Clark, President & CEO

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

RECEIVED

OCT 29 2002

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