

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

Full Legal Name of Service Provider: Toothology, Inc.

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

Address of Service Provider: 2 Sunset Hills Executive Park, Suite 3
Edwardsville, IL 62025

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Eric M. Langenwalter

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):
2 Sunset Hills Executive Park, Suite 3
Edwardsville, IL 62025

Telephone Number of Designated Agent: (618) 692-9230

Facsimile Number of Designated Agent: (618) 692-9215

Email Address of Designated Agent: elangenwalter@toothology.net

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 12.15.01

Typed or Printed Name and Title: Eric M. Langenwalter, President

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

RECEIVED

FEB 01 2002

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