

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

Full Legal Name of Service Provider: California Optometric Association

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

Address of Service Provider: 2415 K Street, Sacramento, CA 95816

Name of Agent Designated to Receive
Notification of Claimed Infringement: Tim Hart

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):
2415 K Street, Sacramento, CA 95816

Telephone Number of Designated Agent: (916) 441-3990

Facsimile Number of Designated Agent: (916) 448-1423

Email Address of Designated Agent: info@my-eyedoc.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 08/28/2007

Typed or Printed Name and Title: Tim Hart, Director Government & External Affairs

SCANNED 09 21 - 2007

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

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



RECEIVED

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