

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

Full Legal Name of Service Provider: Washington Dental Service

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

Address of Service Provider: 9706 Fourth Ave. NE, Seattle, WA 98115

Name of Agent Designated to Receive Notification of Claimed Infringement: Megan Nazari

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):

Washington Dental Service
9706 Fourth Ave. NE
Seattle, WA 98115

RECEIVED

JUN 06 2002

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Telephone Number of Designated Agent: 206-526-7685

Facsimile Number of Designated Agent: 206-525-2330

Email Address of Designated Agent: mnazari@ddpwa.com

* By filing this Designation, the undersigned does not admit it is a Service Provider or waive any rights under applicable laws.

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

Date: May 31, 2002

Typed or Printed Name and Title: Kristin Merlo
Director of Marketing

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

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