

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

Full Legal Name of Service Provider: DENTALDIRECTSALES.COM, LLC

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

c/o Connie J. Mableson, 3033 N. Central Ave., Suite 645, Phoenix, AZ 85012

Address of Service Provider: See address immediately above

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Connie J. Mableson

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):

3033 N. Central Avenue, Suite 645, Phoenix, AZ 85012

Telephone Number of Designated Agent: 602-277-8100

Facsimile Number of Designated Agent: 602-557.0551

Email Address of Designated Agent: connie@mablesonlaw.com

Signature [Redacted Signature] **Representative of the Designating Service Provider:**

Date: 3-1-10

Typed or Printed Name and Title: Connie J. Mableson, Attorney of Record
for Service Provider

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

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

**Scanned
AUG 20 2010**

Mail the form to:
Copyright GC/RRP
P.O. Box 71537
Washington, DC 20024



**Received
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