

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

**Full Legal Name of Service Provider:** Futuredontics, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** 1-800-DENTIST

**Address of Service Provider:** 6060 Center Drive, 7th Floor, Los Angeles, California 90045

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Bret McAllister

**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):  
6060 Center Drive, 7th Floor Los Angeles, California 90045

**Telephone Number of Designated Agent:** (310) 215-6400

**Facsimile Number of Designated Agent:** (310) 215-6623

**Email Address of Designated Agent:** BMcAllister@1800dentist.com

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
Date: 09/10/09

**Typed or Printed Name and Title:** Bret McAllister, Chief Technology Officer

**SCANNED 10 06-2009**

**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](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
Copyright GC/I&R  
P.O. Box 70400  
Washington, DC 20024

