

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

Full Legal Name of Service Provider: _____
Alpha Red AZ, LLC

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

Address of Service Provider: 2353 W. University Dr., Tempe, AZ 85281

Name of Agent Designated to Receive Notification of Claimed Infringement: Thomas A. Fisher

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):

2353 W. University Dr., Tempe, AZ 85281

Telephone Number of Designated Agent: (480) 449-7761

Facsimile Number of Designated Agent: (480) 449-8814

Email Address of Designated Agent: tomf@cavecreek.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: October 8, 2008

Typed or Printed Name and Title: _____
Thomas A. Fisher Executive Vice President

SCANNED

10 / 23 - 2008

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

OCT 16 2008

COPYRIGHT OFFICE

16194291



16194291