

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

Full Legal Name of Service Provider: Marshak Clinic, LLC

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

Address of Service Provider: 23852 Pacific Coast Hwy. #387, Malibu, CA 90265

Name of Agent Designated to Receive Notification of Claimed Infringement: Jeffrey S. Miles, Secretary, General Counsel

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):
601 Grand Avenue, Unit D, Ojai, CA 93023

Telephone Number of Designated Agent: 323-356-1846

Facsimile Number of Designated Agent: 503-218-8993

Email Address of Designated Agent: jsm1001@aol.com

Signature of Officer or Representative of the Designating Service Provider: _____ Date: 4/03/08

Typed or Printed Name and Title: Joan Borsten Vidov, CEO

SCANNED 12.18.2008

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

RECEIVED
DEC 15 2008
COPYRIGHT OFFICE

