

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

Full Legal Name of Service Provider: Dental Bird, Inc.

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

Address of Service Provider: PO Box 344, Long Beach, NY 11561

Name of Agent Designated to Receive Notification of Claimed Infringement: John O'Brien

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):
401 Sycamore Avenue, Marshfield, WI 54449

Telephone Number of Designated Agent: 387-987-0127

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: john_obrien@dentalbird.com

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 3/27/16

Typed or Printed Name and Title: John O'Brien, President, Dental Bird, Inc.

**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
MAY 11 2016**

**Received
APR 07 2016
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