

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

Full Legal Name of Service Provider: FAUSmile INC

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

Address of Service Provider: 5200 N OCEAN DR #PH3, RIVERA BEACH FL 33407

Name of Agent Designated to Receive Notification of Claimed Infringement: Christopher Georgopoulos

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):
5200 N OCEAN DR #PH3, RIVERA BEACH FL 33407

Telephone Number of Designated Agent: 561-254-0768

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: copyright@fausmile.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10/21/10

Typed or Printed Name and Title: Christopher Georgopoulos
President

**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**

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



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