

**INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION OF
CLAIMED INFRINGEMENT**

Full Legal Name Of Service Provider:

THE GALLO INSTITUTE, LLC

**Alternative Name(S) Of Service Provider (including all names under which the
service provider is doing business):**

THE FINANCIALLY INTELLIGENT PARENT

Address of Service Provider:

The Gallo Institute, LLC
11980 San Vicente Blvd. Suite 712
Los Angeles, CA 90049

Name of Agent Designated to Receive Notification of Claimed Infringement:

Jon Gallo

**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):**

The Gallo Institute, LLC
11980 San Vicente Blvd. Suite 712
Los Angeles, CA 90049

Telephone Number of Designated Agent:

1 310 207 0710

Facsimile Number of Designated Agent:

1 310 459 5819

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Email Address of Designated Agent:

jgallo@galloinstitute.org

Signature of Officer or Representative of the Designating Service Provider:

_____ Date: 3/21/2006

Typed or Printed Name and Title: JON GALLO, PRESIDENT

Note: This Interim Designation Must be Accompanied by a \$30.00 Filing Fee Made Payable to the Register of Copyrights.