

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

Full Legal Name of Service Provider: KadmusArts Corporation

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

Address of Service Provider: 74 Monument Avenue, Bennington, VT 05201

Name of Agent Designated to Receive
Notification of Claimed Infringement: Bill Reichblum

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):
74 Monument Avenue
Bennington, VT 05201

Telephone Number of Designated Agent: 802.442.3901

Facsimile Number of Designated Agent: 815.366.8004

Email Address of Designated Agent: billr@kadmusarts.com

Signature, ~~Official~~ or Representative of the Designating Service Provider: _____
Date: 11/17/05

Typed or Printed Name and Title: Bill Reichblum, President

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

SCANNED 12/20/05

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RECEIVED

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