

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

Full Legal Name of Service Provider: The Liberty Dental Program of America, L.L.C.

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

Address of Service Provider: 1358 Hooper Avenue Suite M-6, Toms River NJ 08753.

Name of Agent Designated to Receive
Notification of Claimed Infringement: Betty Rod

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):
1358 Hooper Avenue Suite M-6, Toms River NJ 08753

Telephone Number of Designated Agent: 732-914-8549

Facsimile Number of Designated Agent: 732-914-8267

Email Address of Designated Agent: Bettyr@Dentalgrp.com

Signature of _____ Representative of the Designating Service Provider:
Date: 9/2/03

Typed or Printed Name and Title: Betty ROD - ADMINISTRATOR

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

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