

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

Full Legal Name of Service Provider: MADISON AREA BUSINESS CONSULTANTS

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

Address of Service Provider: PO BOX 44635, MADISON, WI 53744

Name of Agent Designated to Receive  
Notification of Claimed Infringement: LARRY SMITH

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):

c/o UC MANAGEMENT SERVICES, 5609 Medical Circle #202  
Madison, WI 53719

Telephone Number of Designated Agent: (608) 273-8300

Facsimile Number of Designated Agent: (608) 273-8301

Email Address of Designated Agent: ucms@tds.net

Signature of Officer or Representative of the Designating Service Provider:

Date: 5/21/07

Typed or Printed Name and Title: LARRY SMITH - CO-CHAIR

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee  
Made Payable to the Register of Copyrights.**



SCANNED US 15-2002

RECEIVED

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