

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

Full Legal Name of Service Provider: PLQTRX, LLC

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

Address of Service Provider: 2059 Camden Ave., Suite 375, San Jose, CA 95124

Name of Agent Designated to Receive
Notification of Claimed Infringement: Michael Andrade

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):
PLQTRX, LLC, 2059 Camden Ave., Suite 375, San Jose, CA 95124

Telephone Number of Designated Agent: 408-656-5634

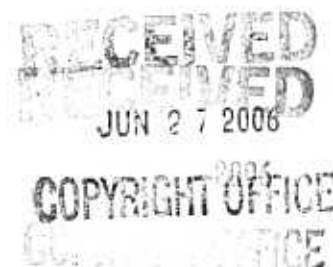
Facsimile Number of Designated Agent: 408-354-3881

Email Address of Designated Agent: andrade.ent@att.net

Signature of Officer or Representative of the Designating Service Provider: _____
Date: June 20, 2006

Typed or Printed Name and Title: Michael Andrade

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



SCANNED 08 16-2006