

Interim Designation of Agent to
Receive Notification of Claimed Infringement

1. Full Legal Name of Service Provider: **Tin Cup Consulting, LLC.**
2. Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): **none**
3. Address of Service Provider: **980 Post Road, Unit 3, Darien, CT 06820**
4. Agent Designated to Receive Notification of Claimed Infringement: **Ander C. Wensberg, 980 Post Road, Unit 3, Darien, CT 06820.**
5. Full Address of Designated Agent to which Notification should be sent (a P.O. Box or similar designation is not acceptable except when it is the only address that can be used in the geographic location): **Ander C. Wensberg, 980 Post Road, Unit 3, Darien, CT 06820**
6. Telephone Number of Designated Agent: **203-622-9570**
7. Facsimile Number of Designated Agent: **none**
8. Email Address of Designated Agent: **ander@tincup.us**
9. Signature of Officer or Representative of the Service Provider:

Tin Cup Consulting, LLC

By: Ander C. Wensberg, Manager

Date: June 6, 2005

RECEIVED

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SCANNED 12 / 08 / 05

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