

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

**Full Legal name of Service Provider:** Corbis Corporation

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

**Address of Service Provider:** 15395 SE 30th Place, Suite 300  
Bellevue, WA 98007

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jim Mitchell, ASSOCIATE GENERAL COUNSEL

**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):

Corbis Corporation, Attn: Associate General Counsel, 15395 SE 30<sup>th</sup> Place, Suite 300, Bellevue, WA 98007

**Telephone number of Designated Agent:** (425) 641-4505

**Facsimile number of Designated Agent:** (425) 644-8193

**Email Address of Designated Agent:** JimM@corbis.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_

**Date:** 4/18/01

**Signed or Printed Name and Title:** James D. Mitchell - Associate General Counsel

**Note: This Interim Designation must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

120291606



120291606

REGISTERED

AUG 24 2001

COPYRIGHT OFFICE