

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

**Full Legal Name of Service Provider:** iBiomatrics LLC

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

**Address of Service Provider:** 11000 Weston Parkway, Suite 110, Cary, NC 27513

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** Patricia L. Brown, Assistant 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):**

Patricia L. Brown, Assistant General Counsel, SAS Institute Inc.,  
SAS Campus Drive, Cary, North Carolina 27513

**Telephone Number of Designated Agent:** (919) 677-8000

**Facsimile Number of Designated Agent:** (919) 677-8177

**Email Address of Designated Agent:** patricia.brown@sas.com

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

**Date:** 2/1/01

**Typed or Printed Name and Title:** Karen L. Day, Assistant Secretary, iBiomatrics LLC

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

**RECEIVED**

FEB 13 2001

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