

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

Full Legal Name of Service Provider: Jan Rix, Inc

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

Address of Service Provider: 5418 ~~30~~ Yadin Rd Ste C
Fayetteville NC 28303

Name of Agent Designated to Receive Notification of Claimed Infringement: Elise 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):
same as above

Telephone Number of Designated Agent: 910. 868-8777

Facsimile Number of Designated Agent: 910 487 3302

Email Address of Designated Agent: admin@janrix.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/29/01

Typed or Printed Name and Title: Elise Smith, VP of operations

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

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