

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

Full Legal Name of Service Provider: Network Solutions, LLC

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

Address of Service Provider: 13200 Woodland Park Rd., Herndon, VA 20171

Name of Agent Designated to Receive Notification of Claimed Infringement: Corey D. Jackson

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):

13200 Woodland Park Rd.
Herndon, VA 20171

Telephone Number of Designated Agent: 703-668-4600

Facsimile Number of Designated Agent: 703-668-5959

Email Address of Designated Agent: cjackson@networksolutions.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 6/28/07

Typed or Printed Name and Title: Bobby N. Turnage, Jr.
Vice President and General Counsel

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

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JUN 28 2004

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