

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

Full Legal Name of Service Provider: PUBLISHONE INC.

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

Address of Service Provider: 2520 MISSION COLLEGE BL #201
SANTA CLARA CA 95054

Name of Agent Designated to Receive Notification of Claimed Infringement: GISELLE CORONA

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):

2520 MISSION COLLEGE BL #201
SANTA CLARA CA 95054

Telephone Number of Designated Agent: (408) 327-0400

Facsimile Number of Designated Agent: (408) 327-0410

Email Address of Designated Agent: copyright@publishone.com

Signature of _____ representative of the Designating Service Provider:
Date: 10/18/00

Typed or Printed Name and Title: KIRK LCEVNER, CHIEF EXECUTIVE OFFICER

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

RECEIVED

OCT 25 2000

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