

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

Full Legal Name of Service Provider: SERVEPATH, LLC

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

Address of Service Provider: 650 TOWNSEND #252 SAN FRANCISCO CA, 94103

Name of Agent Designated to Receive Notification of Claimed Infringement: KIMO ROSENBAUM

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): SERVEPATH, LLC 650 TOWNSEND #252 SAN FRANCISCO CA 94103

Telephone Number of Designated Agent: 415-252-3600 x 604

Facsimile Number of Designated Agent: 415-252-3601

Email Address of Designated Agent: abus@SERVEPATH.COM

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1/1/03

Typed or Printed Name and Title: JOHN KEAGY CEO

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

RECEIVED

JAN 21 2003

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