

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

Full Legal Name of Service Provider: AccessLine Communications Corporation

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

Address of Service Provider: 11201 SE 8th Street, Suite 200, Bellevue, WA 98004

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Tad Lewis, 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):
Tad Lewis, General Counsel, AccessLine Communications Corporation
11201 SE 8th Street, Suite 200, Bellevue, WA 98004

Telephone Number of Designated Agent: 206-654-1046

Facsimile Number of Designated Agent: 206-654-1046

Email Address of Designated Agent: copyright@accessline.com

Signature of _____ Representative of the Designating Service Provider:

Date: 10/17/00

Typed or Printed Name and Title: Tad Lewis, General Counsel

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

RECEIVED

OCT 30 2000
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