

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

Full Legal Name of Service Provider: ADESA Corporation

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

Address of Service Provider: 310 E. 96th Street, Suite 400, Indianapolis, IN
46240

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Karen Turner, Esq.

Full Address of Designated Agent to which Notification Should be Sent: 310
E. 96th Street, Suite 400, Indianapolis, IN 46240

Telephone Number of Designated Agent: (317) 815-1100

Facsimile Number of Designated Agent: (317) 815-3656

Email Address of Designated Agent: kturner@adesa.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 8/31/01

Typed or Printed Name and Title: Karen Turner, Senior Vice-President and
General Counsel, ADESA Corporation

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

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