

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

Full Legal Name of Service Provider: Allied Solutions, LLC

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

Address of Service Provider: 11550 N. Meridian St., Suite 275, Carmel, Indiana 46032

Name of Agent Designated to Receive Notification of Claimed Infringement: Christopher M. Hilger

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):
Allied Solutions, LLC, 11550 N. Meridian St., Suite 275, Carmel, Indiana 46032

Telephone Number of Designated Agent: 800-826-9384

Facsimile Number of Designated Agent: 317-706-7606

Email Address of Designated Agent: support@alliedsolutions.net

Signature of Officer or Representative of the Designating Service Provider: _____
Date: June 11, 2003

Typed or Printed Name and Title: Christopher M. Hilger, President

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

RECEIVED

JUN 16 2003

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