

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

Full Legal Name of Service Provider: The Alpha Corporation of Tennessee

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

Address of Service Provider: 950 Highway 57 East, Collierville, TN 38017

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jim Kunz

Full Address of Designated Agent to which Notification Should be Sent: 950
Highway 57 East, Collierville, TN 38017

Telephone Number of Designated Agent: (901) 854-7239

Facsimile Number of Designated Agent: (901) 854-1183

Email Address of Designated Agent: jkunz@aoc-resins.com

Signature of Officer or representative of the Designating Service Provider:

Date: 2/14/04

Typed or Printed Name and Title: Jim Kunz, Chief Information Officer

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

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SCANNED 27 OCT 04

RECEIVED

OCT 22 2004

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