

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

Full Legal Name of Service Provider: Alyrica Networks, Inc.

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

Address of Service Provider: 521B N. 19th St. Philomath, OR 97370

Name of Agent Designated to Receive Notification of Claimed Infringement: Kevin Sullivan

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):
Alyrica Networks, Inc. 521B N. 19th St. Philomath, OR 97370

Telephone Number of Designated Agent: 5419293330

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: kevin@alyrica.net

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 06/18/2004

Typed or Printed Name and Title: Kevin Sullivan, President

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



RECEIVED

JUN 22 2004

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