

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

Full Legal Name of Service Provider: atStuff LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): @stuff@, atstuff.com

Address of Service Provider: PO Box 910890, Lexington, KY 40591-0890

Name of Agent Designated to Receive
Notification of Claimed Infringement: Michael J. Masin

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):
4248 Reserve Rd, Unit 103, Lexington, KY 40514-4068

Telephone Number of Designated Agent: 503-445-6971

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: mmasin@atstuff.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10/25/06

Typed or Printed Name and Title: Michael J Masin, Member

SCANNED 11 14-2006

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**



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