

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

**Full Legal Name of Service Provider:** IHS Digital Technologies, Inc.

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

**Address of Service Provider:** 595 Forest Ave. Suite 6B Plymouth, Me 48170

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Crystal Brown

**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):**

595 Forest Ave., Suite 6B, Plymouth, Me 48170

**Telephone Number of Designated Agent:** 734-453-5729

**Facsimile Number of Designated Agent:** 734-453-5731

**Email Address of Designated Agent:** Abuse@IHSDigital.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 2-24-03

**Typed or Printed Name and Title:** Crystal Brown, President

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



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