Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Acumen Associates, Inc.
Alternative Name(s) of Service Provider (including all names under which the servi provider is doing business): Metro Fax_
Address of Service Provider: 13400 NE 20th Street, Suite 49, Bellevue, WA 98005
Name of Agent Designated to Receive
Notification of Claimed Infringement: Mark Madson
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): Acumen Associates, Inc., 13400 NE 20th Street, Suite 49, Bellevue, WA 98005
Telephone Number of Designated Agent: 425.373.3311 x110
Facsimile Number of Designated Agent: 425.373.1100
Email Address of Designated Agent: copyright@acumenassociates.com
Signature of Officer or Representative of the Designating Service Provider: Date: 05/03/07
Typed or Printed Name and Title: Douglas A. Grady, Esq.

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



RECEIVED

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