

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

Full Legal Name of Service Provider: Alipes CME Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): None

Address of Service Provider: 175 Portland St., Fifth Floor, Boston, MA, 02114

Name of Agent Designated to Receive  
Notification of Claimed Infringement: Joseph Samet

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):  
Alipes CME, 175 Portland St., Fifth Floor, Boston, MA, 02114

Telephone Number of Designated Agent: 617-303-1045

Facsimile Number of Designated Agent: 617-426-5372

Email Address of Designated Agent: jsamet@alipescme.com

Signature of Officer or Representative of the Designating Service Provider:

Pace Willisson Date: 9/2/08

Typed or Printed Name and Title: Pace Willisson ( Partner)

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

SCANNED 09 29 2008



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