

EXHIBIT A

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

Full Legal Name of Service Provider: The American Society for Quality, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): ASQ, American Society for Quality

Address of Service Provider: 611 E. Wisconsin Ave., P.O. Box 3005, Milwaukee, WI 53201

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Daniel E. Kattman

Full Address of Designated Agent to which Notification Should be Sent:
1000 North Water Street, Suite 2100, Milwaukee, Wisconsin 53202

Telephone Number of Designated Agent: 414-298-1000

Facsimile Number of Designated Agent: 414-298-8097

Email Address of Designated Agent: dkattman@reinhardtllaw.com

Signature of Officer or Representative of the Designating Service Provider:

_____ Date: October 17, 2000

Typed or Printed Name and Title: Daniel E. Kattman; Attorney for the Service Provider

RECEIVED

OCT 30 2000
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