

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

**Full Legal Name of Service Provider:** Bowers & Associates, Inc.

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

**Address of Service Provider:** 9779 South Franklin Drive, Suite 100, Franklin, WI 53132

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** Thomas Rich, Executive Vice President


**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):

9779 South Franklin Drive, Suite 100  
Franklin, WI 53132

**Telephone Number of Designated Agent:** (414) 325-3941 or (800) 841-0276

**Facsimile Number of Designated Agent:** (414) 325-3961

**Email Address of Designated Agent:** trich@bowersa.com

**Signature**  **\_\_\_\_\_** **e of the Designating Service Provider:**

**Date:** 11/16/00

**Typed or Printed Name and Title:** Thomas Rich, Executive Vice President

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

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