

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

Full Legal Name of Service Provider: Breakaway Solutions, Inc.

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

Address of Service Provider: 50 Rowes Wharf, 6th Fl., Boston, MA 02110

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael Traister, General Counsel

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):

50 Rowes Wharf, 6th Fl.
Boston, MA 02110

Telephone Number of Designated Agent: (617) 960-3883

Facsimile Number of Designated Agent: (617) 960-3434

Email Address of Designated Agent: mtaister@breakaway.com

Signature of Officer ☒ **Representative of the Designating Service Provider:**

Date: 6/16/00

Typed or Printed Name and Title: MICHAEL S TRAISTER
General Counsel

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

RECEIVED

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