

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

**Full Legal Name of Service Provider:** DirectCon Inc.

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

**Address of Service Provider:** 4045 Sunset Lane, Ste D, Shingle Springs CA  
95682

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Tim Hammon

**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):

4045 Sunset Lane, Ste D  
Shingle Springs, CA 95682

**Telephone Number of Designated Agent:** 530-672-1078

**Facsimile Number of Designated Agent:** None

**Email Address of Designated Agent:** abuse@directcon.net

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

Date: 12/11/02

**Typed or Printed Name and Title:** Tim D Hammon, CEO

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee  
Made Payable to the Register of Copyrights.**

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**RECEIVED**

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