

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

Full legal Name of Service Provider: DRM Networks, LLC

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

Address of Service Provider: 1501 W. 17th Street, Tempe, AZ 85281

**Name of Agent Designated to Receive
Notification of Claimed Infringement: Thomas A. Fisher**

**Full Address of Designated Agent to which Notification should be sent:
DRM Networks, LLC 1501 W. 17th Street, Tempe, AZ 85281**

Telephone Number of Designated Agent: (480) 449-7761

Facsimile Number of Designated Agent: (480) 449-8814

Email Address of Designated Agent: tomf@cavecreek.com

Signature of Officer of the Designating Service Provider:

Date: November 5, 2002

Typed or Printed Name and Title: Thomas A. Fisher, VP

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

RECEIVED

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