

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

Full Legal Name of Service Provider: eBenefits, Inc.

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

Address of Service Provider: 135 Stillman Street, San Francisco, CA 94107

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Susanne N. Scovern

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):
Susanne N. Scovern, eBenefits, Inc., 135 Stillman Street, San Francisco, CA 94107

Telephone Number of Designated Agent: 415.495.7585, ext. 212

Facsimile Number of Designated Agent: 415.704.3153

Email Address of Designated Agent: Susanne@eBenefits.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 7/31/00

Typed or Printed Name and Title: Susanne N. Scovern, General Counsel

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

116295807



RECEIVED

AUG 03 2000

COPYRIGHT OFFICE