

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

Full Legal Name of Service Provider: ELDEC Corporation

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

Address of Service Provider: 16700 13th Ave W, Lynnwood, Wa 98046

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Anil Sood

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):
ELDEC Corporation, Anil Sood, 16700 13th Ave W, Lynnwood, WA 98046

Telephone Number of Designated Agent: 425.743.8300

Facsimile Number of Designated Agent: 425.743.8234

Email Address of Designated Agent: asood@eldec.com

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

Date: 2 JULY, 2001

Typed or Printed Name and Title: ANIL -K. SOOD
VICE PRESIDENT - TECHNOLOGY

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

RECEIVED

JUL 16 2001

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