

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

Full Legal Name of Service Provider: EmpireOne, Inc.

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

Address of Service Provider: 17 Computer Drive East, Albany NY 12205

Name of Agent Designated to Receive
Notification of Claimed Infringement: Ward Goodwin

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):

17 Computer Drive East, Albany NY 12205

Telephone Number of Designated Agent: (518) 453-1111

Facsimile Number of Designated Agent: (518) 489-6706

Email Address of Designated Agent: admin1@empireone.net

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 7/28/99

Typed or Printed Name and Title: Elizabeth M. Therrien, V.P.

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

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RECEIVED

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