

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

Full Legal Name of Service Provider: eSeclending, LLC

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

Address of Service Provider: 200 Clarendon Street, 53rd Floor, Boston MA
02116

Name of Agent Designated to Receive Notification of Claimed Infringement: Gloria J. Flinn

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):

125 College Street, 5th Floor
Essex, VT 05401

Telephone Number of Designated Agent: 802-864-9062 ext 102

Facsimile Number of Designated Agent: 802-864-8549

Email Address of Designated Agent: gflinn@eseclending.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: October 14, 2002

Typed or Printed Name and Title: Walter T.E. Danco, President

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



RECEIVED

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