

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

Full Legal Name of Service Provider: HIFUSION, INC.

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

Address of Service Provider: 8180 GREENSBORO DRIVE, SUITE 500, MCLEAN, VA 22102

Name of Agent Designated to Receive Notification of Claimed Infringement: PATWINDER S. SIDHU

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):
8180 GREENS BORO DRIVE, SUITE 500
MCLEAN, VA 22102

Telephone Number of Designated Agent: 703 848-4420

Facsimile Number of Designated Agent: 703 848-4426

Email Address of Designated Agent: patsidhu@hifusion.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1/18/00

Typed or Printed Name and Title: PAT SIDHU, PRESIDENT/COO

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

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