

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

Full Legal Name of Service Provider: Ice Miller

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

Address of Service Provider: One American Square, Box 82001, Indianapolis, IN 46282-0002

Name of Agent Designated to Receive Notification of Claimed Infringement: R. Kim Russell

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):
One American Square, 31st Floor
Indianapolis, IN 46204

Telephone Number of Designated Agent: (317) 236-2346

Facsimile Number of Designated Agent: (317) 592-4201

Email Address of Designated Agent: kim.russell@icemiller.com

Signature _____ Representative of the Designating Service Provider:
Date: 7/1/03

Typed or Printed Name and Title: _____
R. Kim Russell, Chief Operating Officer

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

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