

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

Full Legal Name of Service Provider: KESA The Kentucky Workers' Compensation Fund

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): None

Address of Service Provider: 200 Executive Park, Louisville, KY 40207

Name of Agent Designated to Receive Notification of Claimed Infringement: FBT LLC

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): 400 West Market Street, 32nd Floor
Louisville, KY 40202-3363

Telephone Number of Designated Agent: 502-589-5400

Facsimile Number of Designated Agent: 502-581-1087

Email Address of Designated Agent: _____

Signature of the Designating Service Provider: _____

Date: 8/11/03

Typed or Printed Name and Title: Melinda Ellingsworth, Communications Manager

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

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