

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

Full Legal Name of Service Provider: Klondyke's Online
Services, LLC

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

Address of Service Provider: PO Box 305, Richmond, MI 48062

Name of Agent Designated to Receive Notification of Claimed Infringement: Maria Wells

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):

69252 Main St, Ste. 100
Richmond, MI 48062

Telephone Number of Designated Agent: 810-727-5694

Facsimile Number of Designated Agent: 810-727-8309

Email Address of Designated Agent: maria@Klondyke.net

Signature of Officer, or Representative of the Designating Service Provider:
_____ **Date:** 05-25-01

Typed or Printed Name and Title: Maria Wells, Partner

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

RECEIVED

JUN 04 2001

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