

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

Full Legal Name of Service Provider: Nine Sigma, Inc.

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

Address of Service Provider: 21945 Chagrin Blvd., Cleve., OH 44122-5309

Name of Agent Designated to Receive Notification of Claimed Infringement: Donald B. Anthony, Sc. D.

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): 21945 Chagrin Blvd., Cleve., OH 44122-5309

Telephone Number of Designated Agent: (216) 295-4809

Facsimile Number of Designated Agent: (216) 295-4825

Email Address of Designated Agent: anthony@ninesigma.com

Signature of Representative of the Designating Service Provider: _____
Date: 7 June 01

Typed or Printed Name and Title: Donald B. Anthony Sc. D.

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

RECEIVED

JUN 11 2001

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