

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

Full Legal Name of Service Provider: Paradigm Pioneers, Inc.

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

Address of Service Provider: PO Box 5115 Phillipsburg, NJ 08865

Name of Agent Designated to Receive Notification of Claimed Infringement: Steven Nuesch

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):
PO Box 5115, Phillipsburg NJ 08865

Telephone Number of Designated Agent: 908-803-1578

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: snuesch@paradigmpioneers.com

Signature of Offic _____ **Designating Service Provider:**

Date: 4/16/2000

Typed or Printed Name and Title: Vice President (Steven Nuesch)

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



RECEIVED

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