

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

Full Legal Name of Service Provider: Phocion, Inc.

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

Address of Service Provider: 729 Castro Street, Martinez, CA 94553

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Stephen P. Angelides

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):
729 Castro Street, Martinez, CA 94553

Telephone Number of Designated Agent: (925) 228-4600

Facsimile Number of Designated Agent: (925) 228-4662

Email Address of Designated Agent: Angelides@Phocion.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 9/28/00

Typed or Printed Name and Title: Stephen P. Angelides, Secretary

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

RECEIVED

OCT 04 2000

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