

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

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Full Legal Name of Service Provider: _____ Productopia, Inc.

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

Address of Service Provider: _____ 149 New Montgomery Street, 2nd Fl., San Francisco, CA
_____ 94105

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** _____ Mark Rout

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):

_____ Productopia, Inc., 149 New Montgomery Street, 2nd Floor,
_____ San Francisco, CA 94105, Attn: Mark Rout

Telephone Number of Designated Agent: _____ (415) 597-4837

Facsimile Number of Designated Agent: _____ (415) 597-5969

Email Address of Designated Agent: _____ support@productopia.com

Signature of Officer or Representative of the Designating Service Provider:

_____ **Date:** _____ 11/19/99

Typed or Printed Name and Title: _____ Susan L. Stick, Perkins Coie LLP
_____ Attorneys for Productopia, Inc.

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

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