

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

Full Legal Name of Service Provider: ReFlex Communications, Inc.

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

Address of Service Provider: 83 South King Street, Suite 106 - Seattle, WA 98104

Name of Agent Designated to Receive Notification of Claimed Infringement: Robert A. Kaye - VP, General Counsel

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):
83 South King Street, Suite 106 - Seattle, WA 98104

Telephone Number of Designated Agent: (206) 652-4450

Facsimile Number of Designated Agent: (206) 652-4451

Email Address of Designated Agent: legal@reflexcomm.com

Signature of Agent or Representative of the Designating Service Provider: _____
Date: January 26, 2000

Typed or Printed Name and Title: Robert A. Kaye - VP, General Counsel

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

RECEIVED

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