

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

Full Legal Name of Service Provider: RISKVAULT INC.

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

Address of Service Provider: 70 University Ave, Suite 1200, Toronto,
Canada M5J 2M4

Name of Agent Designated to Receive Notification of Claimed Infringement: Peter Fritze

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):
As above.

Telephone Number of Designated Agent: (416) 596-8020

Facsimile Number of Designated Agent: (416) 596-6510

Email Address of Designated Agent: PFritze@Riskvault.com

Signature of _____ Representative of the Designating Service Provider:
Date: June 20/01

Typed or Printed Name and Title: PETER FRITZE, President/COO

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

RECEIVED
AUG 31 2001
COPYRIGHT OFFICE

