

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

**Full Legal Name of Service Provider:** ROH, Incorporated

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

**Address of Service Provider:** 2611 Jefferson Davis Hwy, Suite 700, Arlington, VA 22202

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Daphne Davis

**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):  
2611 Jefferson Davis Hwy, Suite 700, Arlington, VA 22202

**Telephone Number of Designated Agent:** 703-412-4757

**Facsimile Number of Designated Agent:** 703-412-0008

**Email Address of Designated Agent:** contracts@roh-inc.com

**Signature of Officer or Representative of the Designating Service Provider:**  
Date: 8/13/02

**Typed or Printed Name and Title:** Daphne Davis, VP and Director of Contracts

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.**

**RECEIVED**

AUG 16 2002

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