

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

Full Legal Name of Service Provider: Sachnoff & Weaver, Ltd.

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

Address of Service Provider: 30 South Wacker Drive, 29th Floor, Chicago, Illinois 60606

Name of Agent Designated to Receive Notification of Claimed Infringement: Austin L. Hirsch

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):
Sachnoff & Weaver, Ltd., 30 South Wacker Drive, 29th Floor, Chicago, Illinois 60606

Telephone Number of Designated Agent: 312-207-1000

Facsimile Number of Designated Agent: 312-207-6400

Email Address of Designated Agent: ahirsch@sachnoff.com

Signature _____ **Representative of the Designating Service Provider:**

Chaf Exeib Date: 12/06/02
Officer

Typed or Printed Name and Title: Austin L. Hirsch

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

RECEIVED

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