

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

Full Legal Name of Service Provider: Salsgiver, Inc

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

Address of Service Provider: PO Box 165, Sarver, PA 16055

Name of Agent Designated to Receive Notification of Claimed Infringement: LISA Salsgiver

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):

305 Silverview Dr
SARVER, PA 16055

Telephone Number of Designated Agent: 724 295 1970

Facsimile Number of Designated Agent: 724 295 0674

Email Address of Designated Agent: copyright@salsgiver.com

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 6/14/00

Typed or Printed Name and Title: LISA V Salsgiver
treasurer

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

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RECEIVED

JUN 23 2000

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