

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

Full Legal Name of Service Provider: The Savings Institute

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

Address of Service Provider: 803 Main St., Willimantic CT 06226

Name of Agent Designated to Receive Notification of Claimed Infringement: Webmaster

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): 803 Main St., Willimantic, CT 06226

Telephone Number of Designated Agent: (860) 423-4581

Facsimile Number of Designated Agent: (860) 423-5095

Email Address of Designated Agent: webmaster@savingsinstitute.com

Signature of _____ Representative of the Designating Service Provider:

Date: 12/4/2002

Typed or Printed Name and Title: Timothy LaTour, Branch Officer

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

RECEIVED

JAN 15 2003

COPYRIGHT OFFICE

130624589



130624589