

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

Full Legal Name of Service Provider: Seattle Art Museum

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

Address of Service Provider: 100 University Street, Seattle, WA 98101

Name of Agent Designated to Receive Notification of Claimed Infringement: Christina DePaolo

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): 100 University Street, Seattle, WA 98101

Telephone Number of Designated Agent: 206 654.3165

Facsimile Number of Designated Agent: 206 654.3250

Email Address of Designated Agent: christinad@seattleartmuseum.org

Signature of Officer or Representative of the Designating Service Provider: _____ Date: September 26, 2005

Typed or Printed Name and Title: Christina DePaolo
New Media Manager
Seattle Art Museum

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

SCANNED 10/19/05

RECEIVED

SEP 30 2005

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