

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

Full Legal Name of Service Provider: The Skoll Community Fund

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

Address of Service Provider: 60 S. Market Street, Suite 1000, San Jose, CA 95113

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Keely Stevenson

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):
60 S. Market Street, Suite 1000
San Jose, CA 95113

Telephone Number of Designated Agent: (408) 278-2230

Facsimile Number of Designated Agent: (408) 278-0280

Email Address of Designated Agent: kstevenson@skollfoundation.org

Signature of _____ Representative of the Designating Service Provider:
Date: March 19, 2003

Typed or Printed Name and Title: Patrick E. Guevara, Attorney for Skoll Community Fund

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

RECEIVED

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