Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):	
Address of	Service Provider: 1201 Bridgeville Hwy., PO Box 1620, Seaford, DE 19973
Name of A	n of Claimed Infringement: Sheldon Hudson
ocation):	ess of Designated Agent to which Notification Should be Sent (a P.O. Box gnation is not acceptable except where it is the only address that can be used in the geographic eville Hwy., PO Box 1620, Seaford, DE 19973
Felephone	Number of Designated Agent: (302) 253-3900, ext. 3801
acsimile N	Number of Designated Agent: (302) 253-4040
Email Add	ress of Designated Agent: sheldon.hudson@trinitytransport.com
ignature o	Officer or Representative of the Designating Service Provider: Date: 10/15/08
yped or Pr	inted Name and Title: Sarah Ruffcorn, Director of Human Resources
	· 11 =

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Mail the form to:

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