

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

Full Legal Name of Service Provider: WisdomTools, Inc.

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

Address of Service Provider: 501 N. Morton St., Suite 102, Bloomington, IN 47404

Name of Agent Designated to Receive

Notification of Claimed Infringement: Gale G. Nichols, VP-Finance and Administration

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):

WisdomTools, Inc. 501 N. Morton Street, Suite 102, Bloomington, IN 47404

Telephone Number of Designated Agent: (812) 856-4200

Facsimile Number of Designated Agent: (812) 856-4205

Email Address of Designated Agent: gale.nichols@wisdomtools.com

Sign _____ **of the Designating Service Provider:**

Date: 8/31/01

Typed or Printed Name and Title: Gale G. Nichols, VP-Finance and Administration

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

RECEIVED

SEP 05 2001

COPYRIGHT OFFICE

121789872



121789872