

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

Full Legal Name of Service Provider: XFormx, Inc.

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

Address of Service Provider: 22 Leighton Road Wellesley, MA 02482

Name of Agent Designated to Receive
Notification of Claimed Infringement: J. Thomas Gehman

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):
P.O. Box 920804 Needham, MA 02492

Telephone Number of Designated Agent: 800 847 1521 x 600

Facsimile Number of Designated Agent: 800 847 1521

Email Address of Designated Agent: tgehman@xformx.biz

Signature of Officer or Representative of the Designating Service Provider: _____
Date: Nov 10, 2003

Typed or Printed Name and Title: J. Thomas Gehman Vice President

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

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