

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

Full Legal Name of Service Provider: Utilize IT, Inc.

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

Address of Service Provider: P.O. Box 2217 Longview Wa. 98632

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Tony Huff

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):
2408 Cascade Way, Longview Wa. 98632

Telephone Number of Designated Agent: (360) 423-8200

Facsimile Number of Designated Agent: (360) 423-8206

Email Address of Designated Agent: TonyHuff@UtilizeIT.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 3/27/2007

Typed or Printed Name and Title: Tony A. Huff / Treasurer

SCANNED 04 20 - 2007

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**

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