

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

Full Legal Name of Service Provider: Fairness.com LLC

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

Address of Service Provider: PO Box 6970 Charlottesville, VA 22906-6970

Name of Agent Designated to Receive Notification of Claimed Infringement: Daniel A Doernberg

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):

Fairness.com LLC c/o Daniel Doernberg, 3105 Edgewater Dr.
Charlottesville, VA 22911

Telephone Number of Designated Agent: 804 / 975-0780

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: legal@fairness.com

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 4/25/01

Typed or Printed Name and Title: Daniel A. Doernberg

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



RECEIVED

MAY 08 2001

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