

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

Full Legal Name of Service Provider: FileWorks, Inc.

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

Address of Service Provider: 120 Country Club Drive, Suite 63; Incline Village, NV 89451

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Alan Shaw

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):
Alan Shaw; FileWorks, Inc.; 120 Country Club Drive, Suite 63; Incline Village, NV 89451

Telephone Number of Designated Agent: 877-345-3967

Facsimile Number of Designated Agent: 775-832-2502

Email Address of Designated Agent: Legal@FileWorks.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 5/1/07

Typed or Printed Name and Title: Alan Shaw, Chief Executive Officer

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



RECEIVED

MAY 03 2007
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SCANNED 06 15-2007