

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

Full Legal Name of Service Provider: The West Bend Company

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

Address of Service Provider: 1100 Schmidt Road West Bend, WI 53090

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Tracy Chrobak

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):

PO Box 2780
1100 Schmidt Road
West Bend, WI 53090

Telephone Number of Designated Agent: 262/334-6892

Facsimile Number of Designated Agent: 262/334-6815

Email Address of Designated Agent: tchrobak@westbend.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 5/1/02

Typed or Printed Name and Title:

Tracy A. Chrobak
Paralegal

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

RECEIVED

MAY 10 2002

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