

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

Full Legal Name of Service Provider: Sawhorse Enterprises, Inc.

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

Address of Service Provider: 290 Division Street, Suite 304, San Francisco, CA 94103

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jocelyn Saurini

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):
290 Division Street, Suite 304, San Francisco, CA 94103

Telephone Number of Designated Agent: 415-934-0896

Facsimile Number of Designated Agent: 509-267-0185

Email Address of Designated Agent: info@mypleasure.com

Signature of _____ Representative of the Designating Service Provider:

Date: 4/27/01

Typed or Printed Name and Title: Walter Morton, CEO

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

RECEIVED

MAY 07 2001

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