

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

**Full Legal Name of Service Provider:** TOM'S OF MAINE, INC

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

**Address of Service Provider:** 302 LAFAYETTE CTR  
KENNEBUNK, ME ~~05045~~ 04043

**Name of Agent Designated to Receive Notification of Claimed Infringement:** G. Matthew Chappell

**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): TOMS OF MAINE, INC.  
302 LAFAYETTE CTR  
KENNEBUNK ME ~~05045~~ 04043

**Telephone Number of Designated Agent:** 207 - 985 - 2944

**Facsimile Number of Designated Agent:** 207 - 985 - 2196

**Email Address of Designated Agent:** matt@toms-of-maine.com

**Sign:** \_\_\_\_\_ **Designating Service Provider:** \_\_\_\_\_  
**Date:** 10/28/02

**Typed or Printed Name and Title:** G. Matthew Chappell  
GROUP TEAM LEADER, CONSUMER DEVELOPMENT

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.**

**RECEIVED**  
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