

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

Full Legal Name of Service Provider: Vault.com Inc.

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

Address of Service Provider: 150 West 22nd Street, 5th Floor, New York, NY 10011

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Louis E. Black, Esq.

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):
150 West 22nd Street, 5th Floor, New York, NY 10011

Telephone Number of Designated Agent: (212) 366-4212 ext. 342

Facsimile Number of Designated Agent: (212) 366-6712

Email Address of Designated Agent: lblack@staff.vault.com

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

Date: 3/1/00

Typed or Printed Name and Title: Louis E. Black, Senior Vice President and General Counsel

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

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