

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

Full Legal Name of Service Provider: VISTO CORPORATION

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

Address of Service Provider: 1937 LANDINGS DRIVE, MOUNTAIN VIEW, CA 94043

Name of Agent Designated to Receive Notification of Claimed Infringement: KRISTIN CAMPBELL

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):

1937 LANDINGS DRIVE  
MOUNTAIN VIEW, CA 94043

Telephone Number of Designated Agent: 650 ~~507~~ 930-5000

Facsimile Number of Designated Agent: 650 930-5010

Email Address of Designated Agent: KCAMPBELL@VISTO.COM

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 12/14/98

Typed or Printed Name and Title: KRISTIN D. CAMPBELL, CONTROLLER

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

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**RECEIVED**

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