

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

Full Legal Name of Service Provider: Salt Institute

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

Address of Service Provider: 700 N. FAIRFAX ST., SUITE 600
ALEXANDRIA, VA 22314

Name of Agent Designated to Receive Notification of Claimed Infringement: RICHARD L. HANNEMAN

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):
Salt Institute, 700 N. FAIRFAX ST, SUITE 600
ALEXANDRIA, VA 22314

Telephone Number of Designated Agent: 703/549-4648

Facsimile Number of Designated Agent: 703/548-2194

Email Address of Designated Agent: dick@saltinstitute.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 12/22/99

Typed or Printed Name and Title: Richard L. Hanneman, PRESIDENT

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

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