

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

Full Legal Name of Service Provider: _____

SALT LAKE MONUMENT PARK STATE

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

Address of Service Provider: 1320 S. WASATCH DRIVE, SALT LAKE CITY, UT 84108

Name of Agent Designated to Receive

Notification of Claimed Infringement: JONATHAN W. RICHARDS

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):

1595 S. WASATCH DRIVE
SUITE, UT 84108

Telephone Number of Designated Agent: 801-583-8911

Facsimile Number of Designated Agent: 801-328-1707

Email Address of Designated Agent: jwrichards@home.com

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

Date: 3/10/01

Typed or Printed Name and Title: JONATHAN W. RICHARDS, Agent

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

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