

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

**Full Legal Name of Service Provider:** Salu, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Salu Salu.net Salu.com Salu.allergy

**Address of Service Provider:** Parkside Center, 2020 SW 4<sup>th</sup> Ave., Suite 750,  
Portland, Oregon 97201

**RECEIVED**

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Kathy Snyder

**OCT 30 2000  
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**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):**  
Parkside Center, 2020 SW 4<sup>th</sup> Ave., Suite 750,  
Portland, Oregon 97201

**Telephone Number of Designated Agent:** (503) 242-0097

**Facsimile Number of Designated Agent:** (503) 242-0241

**Email Address of Designated Agent:** controller@salu.net

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

Date: Oct. 27, 2000

**Typed or Printed Name and Title:** Kathy Snyder, Executive Director/Controller

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

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