

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

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

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

**Address of Service Provider:** 515 East Cleveland, Suite B, Monett, MO 65708

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Judy Wormington

**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):  
515 East Cleveland, Suite B, Monett, MO 65708

**Telephone Number of Designated Agent:** 417-235-0111

**Facsimile Number of Designated Agent:** 417-235-0110

**Email Address of Designated Agent:** jworm@sofnet.com

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_ **Date:** 12-21-2000

**Typed or Printed Name and Title:** Kevin Wormington, President

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

**RECEIVED**

**JAN 03 2001  
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