

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

Full Legal Name of Service Provider: SoftVu LLC

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

Address of Service Provider: 4000 W. 114th Street, Suite 310
Leawood, KS 66211

Name of Agent Designated to Receive Notification of Claimed Infringement: Tommy Hinton

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):
4000 W. 114th S, Suite 310
Leawood, KS 66211

Telephone Number of Designated Agent: 913-233-8230

Facsimile Number of Designated Agent: 913-233-8229

Email Address of Designated Agent: tommy.hinton@softvu.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/02/2006

Typed or Printed Name and Title: _____
Tommy Hinton, Chief Technology Officer

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

SCANNED 12 08 - 2006



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