

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: SOFLOW, INC.

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

Address of Service Provider: ONE BROADWAY, 14TH FLOOR, CAMBRIDGE, MA 02142

Name of Agent Designated to Receive Notification of Claimed Infringement: MIKE BROCKLESBY

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):

ONE BROADWAY, 14TH FLOOR, CAMBRIDGE, MA 02142

Telephone Number of Designated Agent: 617-225-4327

Facsimile Number of Designated Agent: 617-475-6039

Email Address of Designated Agent: mikebrocklesby@sflow.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 09/27/2006

Typed or Printed Name and Title: M. BROCKLESBY, VP FINANCE & OPERATIONS

SCANNED 10 12-2006

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

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RECEIVED

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