of Claimed Infringement					
Full Legal Name of Service Provider: Ware U	nlimited, Inc.				
Alternative Name(s) of Service Provider (included provider is doing business): wareunl.com, waret					
Address of Service Provider: 195 Broad Street, S	Salunga, PA 17538				

Address o	f Service Pro	vider: 195 Broad	Street, Salung	ga, PA 17538	

Name of Agent Designated to Receive Notification of Claimed Infringement: Charles G. Robbins

Signature of Officer or Representative of the Designating Service Provider:

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee

Typed or Printed Name and Title: Unarles G. Robbins, President

Made Payable to the Register of Copyrights.

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): 195 Broad Street Salunga, PA 17538

Telephone Number of Designated Agent: 717-898-7911

Facsimile Number of Designated Agent: 717-898-9107 Email Address of Designated Agent: crobbins@wareunl.com

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