

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

Full Legal Name of Service Provider: Data Return, Corporation

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

Address of Service Provider: 801 Stadium Dr. Suite 117, Arlington, TX 76011

Name of Agent Designated to Receive Notification of Claimed Infringement: Michelle Chambers

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):

Data Return Corporation
801 Stadium Drive, Suite 117
Arlington, TX 76011

Telephone Number of Designated Agent: 817-461-7715

Facsimile Number of Designated Agent: 817-274-1141

Email Address of Designated Agent: michelle.c@datareturn.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 12/4/98

Typed or Printed Name and Title: President and CEO

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

RECEIVED

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