

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

**Full Legal Name of Service Provider:** Community Educational Services Foundation

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** ZZAPP! Internet Services

**Address of Service Provider:** P.O. Box 636, Arlington, VA 22216-0636

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Jon H. Larimore

**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):  
5900 Arlington Boulevard, Arlington, VA 22204

**Telephone Number of Designated Agent:** 704-379-4568

**Facsimile Number of Designated Agent:** 703-820-1636

**Email Address of Designated Agent:** jon@zzapp.org

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** December 16, 1998

**Typed or Printed Name and Title:** Jon H. Larimore, President

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

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