

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

Full Legal Name of Service Provider: ORIX USA Corporation

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

Address of Service Provider: 1717 Main Street, Suite 900 Dallas, TX 75201

Name of Agent Designated to Receive Notification of Claimed Infringement: Elizabeth Daane

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):
1717 Main Street, Suite 900 Dallas, TX 75201

Telephone Number of Designated Agent: 214-237-2058

Facsimile Number of Designated Agent: 214-237-2018

Email Address of Designated Agent: edaane@orix.com

Signature: _____
Date: 1/10/05

Typed or Printed Name and Title: Elizabeth Daane, General Counsel

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

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SCANNED

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