

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

Full Legal Name of Service Provider: John F. Halbleib

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

Address of Service Provider: 27 West 115th Street, Lemont, Illinois 60439

Name of Agent Designated to Receive
Notification of Claimed Infringement: John F. Halbleib

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):
27 West 115th Street, Lemont, Illinois 60439

Telephone Number of Designated Agent: 630-257-0826

Facsimile Number of Designated Agent: 630-257-7860

Email Address of Designated Agent: JohnHalbleib@JohnFHalbleib.com

Signature of Officer or Representative of the Designating Service Provider: _____ Date: April 15, 2005

Typed or Printed Name and Title: John F. Halbleib
Owner *

*Added by CO per
J. Halbleib,
phone call,
4/27/05

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

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APR 25 2005

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