

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

Full Legal Name of Service Provider: Hands-On Mobile, Inc.

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

Address of Service Provider: 580 California Street, Suite 600, San Francisco, CA 94104

Name of Agent Designated to Receive
Notification of Claimed Infringement: Jacqueline Tam

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):
580 California Street, Suite 600, San Francisco, CA 94104

Telephone Number of Designated Agent: 415.848.0418

Facsimile Number of Designated Agent: 415.358.4630

Email Address of Designated Agent: jtam@handson.com

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 10/27/2006

Typed or Printed Name and Title: William McGrath, SVP & General Counsel

SCANNED 11 09-2006

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**



RECEIVED

OCT 28 2006

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