

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

Full Legal Name of Service Provider: The Highridge Corporation

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

Address of Service Provider: P.O. Box 260 / 1085 12th Ave NW Suite #D1 Issaquah WA 98027

Name of Agent Designated to Receive Notification of Claimed Infringement: Sharry Nadjim

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):
1085 12th Ave NW Suite D1 / Mailing Address: Issaquah WA 98027 P.O. BOX 260 Issaquah WA 98027

Telephone Number of Designated Agent: 425-392-0905

Facsimile Number of Designated Agent: 425-391-3654

Email Address of Designated Agent: Sharry@highridge.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 06242003

Typed or Printed Name and Title: Sharry Nadjim
Director of Marketing

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

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RECEIVED

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