

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

**Full Legal Name of Service Provider:** Hospi-Tel Manufacturing - 2011

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

**Address of Service Provider:** 545 North Arlington Ave. East Orange, NJ 07017

**Name of Agent Designated to Receive Notification of Claimed Infringement:** David Freedland

**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):  
→ Hospi-Tel Manufacturing Co. 545 North Arlington Ave. East Orange, NJ 07017

**Telephone Number of Designated Agent:** 973-678-7100

**Facsimile Number of Designated Agent:** 973-678-1482

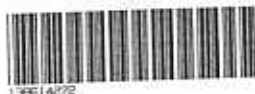
**Email Address of Designated Agent:** David\_Freedland@hospitel.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 2/17/04

**Typed or Printed Name and Title:** David Freedland, President

**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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