

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

Full Legal Name of Service Provider: Hostway Corporation

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

Address of Service Provider: 1 North State Street, Suite 1200, Chicago, IL 60602

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jini Park

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):
1 North State Street, Suite 1200, Chicago, IL 60602

Telephone Number of Designated Agent: 312-238-0133

Facsimile Number of Designated Agent: 312-236-1958

Email Address of Designated Agent: abuse@hostway.com

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

Date: 5/9/01

Typed or Printed Name and Title: Jini Park, Head of Administration

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

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