

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

Full Legal Name of Service Provider: Gain Communications, Inc.

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

Address of Service Provider: 2700 W. Broadway Blvd. Tucson, AZ 85745

Name of Agent Designated to Receive Notification of Claimed Infringement: Matthew E. Smith

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):
2700 W. Broadway Blvd.
Tucson, AZ 85745

Telephone Number of Designated Agent: (520) 388-9100 ext. 209

Facsimile Number of Designated Agent: (520) 545-9120

Email Address of Designated Agent: msmith@gain.com

Signature of _____ of the Designating Service Provider:
Date: 4/1/04

Printed Name and Title: Matthew E. Smith President & COO

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

RECEIVED

APR 05 2004

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