

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

Full Legal Name of Service Provider: gotlife.cc, LLC

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

Address of Service Provider: 702 Oberlin Road, Suite 150, Raleigh, NC 27605

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Eleanor White

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):
702 Oberlin Road, Suite 150, Raleigh, NC 27605

Telephone Number of Designated Agent: (919) 743-2531

Facsimile Number of Designated Agent: (919) 743-2501

Email Address of Designated Agent: ewhite@cherokee-llc.com

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

Date: 1/16/01

Typed or Printed Name and Title: Eleanor White, Member

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

RECEIVED

JAN 18 2001

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