

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

Full Legal Name of Service Provider: Go See Tell Network, Inc.

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

Address of Service Provider: 3108 NW LURAY TER, PORTLAND, OR 97210

Name of Agent Designated to Receive Notification of Claimed Infringement: MARTIN STOLL

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):
Go See Tell Network, 3108 NW LURAY TER, PORTLAND, OR 97210

Telephone Number of Designated Agent: (503) 616 4478

Facsimile Number of Designated Agent: (503) 940-8342

Email Address of Designated Agent: content@goseetell.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 5/15/07

Typed or Printed Name and Title: MARTIN STOLL, VP BUSINESS DEVELOPMENT

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



SCANNED 07 13-2007

RECEIVED

JUN 08 2007
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