

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: LOS ALAMOS NATIONAL LAB

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

Address of Service Provider: SM 30, BIKINI ATOLL RD
LOS ALAMOS NM, 87545

Name of Agent Designated to Receive
Notification of Claimed Infringement: CHARLOTTE LINDSEY

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):

MS
SM 30, BIKINI ATOLL RD
LOS ALAMOS, NM 87545

Telephone Number of Designated Agent: 505-667-0961

Facsimile Number of Designated Agent: 505-

Email Address of Designated Agent: CLINDSEY@LANL.GOV

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 7/14/2005

Typed or Printed Name and Title: CHARLOTTE LINDSEY
ACTING CHIEF INFORMATION OFFICER

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

148636147



RECEIVED

JUL 29 2005

COPYRIGHT OFFICE