

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

Full Legal Name of Service Provider: Lux Scientiae, Incorporated

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

Address of Service Provider: 46 Central Street, Somerville MA 02143

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Erik Kangas, Ph.D.

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):
46 Central Street, Somerville MA 02143

Telephone Number of Designated Agent: 800-441-6612

Facsimile Number of Designated Agent: 413-332-0598

Email Address of Designated Agent: kangas@luxsci.com

Signature _____ **Representative of the Designating Service Provider:**
_____ **Date:** 6/19/2002

Type or Printed Name and Title:

Erik Kangas, Ph.D., President, Lux Scientiae
Incorporated

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



RECEIVED

JUN 24 2002
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