

Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Aluburn Seewolf

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

Address of Service Provider: PO Box 1915 Tijeras NM 87059

Name of Agent Designated to Receive Notification of Claimed Infringement: Sandra L. Ryan

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):

467 Old Rt 66, Suite 6 - PO Box 1915 - Tijeras NM 87059

Telephone Number of Designated Agent: 505-286-0748

Facsimile Number of Designated Agent: 505-286-0749

Email Address of Designated Agent: SRyan@Seewolf.com

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: N/A First Filing *

*No other filing rec'd per CO files

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/25/98

Typed or Printed Name and Title: Sandra L. Ryan Senior Partner

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

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