

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

Full Legal Name of Service Provider: ArchVision, Inc. d.b.a. Vismasters

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

Address of Service Provider: 137 West Vine Street, Lexington, KY 40507

Name of Agent Designated to Receive Notification of Claimed Infringement: Randall S. Stevens

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):
ArchVision, Inc. d.b.a. Vismasters - 137 West Vine Street, Lexington, KY 40507

Telephone Number of Designated Agent: (859) 252-3118 ext. 104

Facsimile Number of Designated Agent: (859) 381-1108

Email Address of Designated Agent: rstevens@archvision.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10/10/06

Typed or Printed Name and Title: Randall S. Stevens, President

SCANNED 11 08 - 2006

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



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OCT 27 2006
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