

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

Full Legal Name of Service Provider: CAPE.COM, INC.

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

Address of Service Provider: 509 FALMOUTH RD, MASHPEE, MA 02649

Name of Agent Designated to Receive Notification of Claimed Infringement: WILLIAM A. RAPP

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):

SAME AS ABOVE

Telephone Number of Designated Agent: 508-539-9500

Facsimile Number of Designated Agent: 508-539-9501

Email Address of Designated Agent: copyrights@cape.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: MAY 3, 1999

Typed or Printed Name and Title: WILLIAM A. RAPP, VICE PRESIDENT

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

RECEIVED

MAY 10 1999

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