

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

Full Legal Name of Service Provider:

Chattanooga Data Connection, Inc.

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

CDC Internet

Address of Service Provider:

633 Chestnut Street
Suite 800
Chattanooga, Tn. 37450

**Name of Agent Designated to Receive
Notification of Claimed Infringement:**

William S. Sexton

**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):**

William S. Sexton
CDC Internet
633 Chestnut Street
Suite 800
Chattanooga, Tn. 37450

Telephone Number of Designated Agent:

(423) 266-3369 x 3005

Facsimile Number of Designated Agent:

(423) 266-2910

Email Address of Designated Agent:

wsexton@cdc.net

Signature of Officer or Representative of the Designating Service Provider:

Date: _____

11/10/1998

Typed or Printed Name and Title:

William S. Sexton
MIS
11/10/1998

RECEIVED

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