

**INTERIM DESIGNATION OF AGENT TO RECEIVE  
NOTIFICATION OF CLAIMED INFRINGEMENT**

1. **Full Legal Name of Service Provider:** Consoling Memories, Inc.  
P.O.Box 91304, Sioux Falls, SD 57109-1304 \*
2. **Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Consoling Memories.
3. **Name of Agent Designated to Receive Notification of Claimed Infringement:** Julie Bowen.
4. **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):** 336 Loraine, Weirton, WV 26062, USA
5. **Telephone Number of Designated Agent:** (304) 723-1816.
6. **Facsimile Number of Designated Agent:** (304) 723-1816.
7. **Email Address of Designated Agent:** julie.bowen@consolingmemories.com.

\*Added by CO  
per C. Arnold  
phone call,  
7/29/03

CONSOLING MEMORIES, INC.

Date: 6.4.03

By: \_\_\_\_\_  
Julie Bowen  
President

**RECEIVED**

JUL 29 2003

**COPYRIGHT OFFICE**

131522212



131522212