

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

Full Legal Name of Service Provider: Inguisix, Inc.

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

Address of Service Provider: 6 Magnolia Ave, Newton MA 02458

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael Kreppin

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: 617-467-5200

Facsimile Number of Designated Agent: 901-284-7237

Email Address of Designated Agent: privacy@inguisix.com

Signature of Officer Representative of the Designating Service Provider: _____
Date: 12/10/07

Typed or Printed Name and Title: Michael Kreppin, President

SCANNED 04 - 16 / 2008

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**



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