

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

Full Legal Name of Service Provider: IP INC

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

Address of Service Provider: 185 SOUTH FIRST STREET, LEHINGTON, PA 18235

Name of Agent Designated to Receive Notification of Claimed Infringement: SUMMER KEEN

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):

185 SOUTH FIRST STREET
LEHINGTON PA 18235

Telephone Number of Designated Agent: 610-379-1000

Facsimile Number of Designated Agent: 610-379-0111

Email Address of Designated Agent: skeen@are.net

Signature of Officer or Representative of the Designating Service Provider: _____

Date: Jan 10, 2003

Typed or Printed Name and Title: SUMMER KEEN
OFFICE MANAGER

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

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RECEIVED

JAN 23 2003

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