

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

**Full Legal Name of Service Provider:** Tech Industries, Inc.

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

**Address of Service Provider:** 85 Fairmount Street, Woonsocket, RI 02895

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

**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):**  
85 Fairmount Street, Woonsocket, RI 02895

**Telephone Number of Designated Agent:** (401) 765-0600 ext. 1213

**Facsimile Number of Designated Agent:** (401) 766-4742

**Email Address of Designated Agent:** jim.carria@techindustries.com

**Signature of Officer of the Designating Service Provider:**

[Signature] Date: 8/4/99

**Typed or Printed Name and Title:** James J. Carria, Treasurer

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



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