

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

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Full Legal Name of Service Provider: TeliSmart, Inc.

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

Address of Service Provider: 5100 SW Macadam Avenue, Suite 500, Portland, OR 97201

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

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):
5100 SW Macadam Avenue, Suite 500
Portland, OR 97201

Telephone Number of Designated Agent: (503)552-8834

Facsimile Number of Designated Agent: (503) 552-8839

Email Address of Designated Agent: peggy.long@assetdepot.net

Sign: _____ **of the Designating Service Provider:**
_____ **Date:** May 3, 2000

Typed or Printed Name and Title: William B. Wilhelm, Counsel for TeliSmart, Inc.

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

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