

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

Full Legal Name of Service Provider: Grady Ward

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

Address of Service Provider: 3449 MARTHA CT., ARCATA, CA 95521

Name of Agent Designated to Receive Notification of Claimed Infringement: Grady Ward

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): 3449 MARTHA CT., ARCATA, CA 95521

Telephone Number of Designated Agent: (707) 826-0360

Facsimile Number of Designated Agent: (707) 826-0360

Email Address of Designated Agent: grady@gradyward.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 2-19-02

Typed or Printed Name and Title: Grady Ward, Sysadmin

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

RECEIVED

FEB 25 2002

GENERAL COUNSEL
OF COPYRIGHT

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