

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

Full Legal Name of Service Provider: Workman, Nydegger & Seeley,
a Professional Corporation

**Alternative Name(s) of Service Provider (including all names under which the service
provider is doing business):** Workman, Nydegger & Seeley, P.C.,
Workman, Nydegger & Seeley,
WNS, wnspat.com

Address of Service Provider: 60 East South Temple, Suite 1000, Salt Lake City, Utah 84111

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jonathan W. Richards

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):
60 East South Temple, Suite 1000
Salt Lake City, Utah 84111

Telephone Number of Designated Agent: (801) 533-9800

Facsimile Number of Designated Agent: (801) 328-1707

Email Address of Designated Agent: jrichards@wnspat.com

Signature _____ **Repr** _____ **ative of the Designating Service Provider:**
Date: 2/23/01

Typed _____ **rinted Name and Title:**
JONATHAN W. RICHARDS, PRESIDENT

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

RECEIVED

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