

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

Full Legal Name of Service Provider: FamilyCare America, Inc.

Alternative Name(s) of Service Provider: None

Address of Service Provider: 1004 North Thompson Street
Suite 205
Richmond, VA 23230

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Ronald L. Moore

**Full Address of Designated Agent to
which Notification Should be Sent:** 1004 North Thompson Street
Suite 205
Richmond, VA 23230

Telephone Number of Designated Agent: (804) 342-2200

Facsimile Number of Designated Agent: (804) 342-2338

Email Address of Designated Agent: copyright@familycareamerica.com

**Signature of Officer or Representative of the
Designating Service Provider :** _____
President *6-27-00*

Date: _____

Typed or Printed Name and Title: Ronald L. Moore, President and Chief
Executive Officer

This Interim Designation must be accompanied by a \$20.00 filing Fee made payable to the Register of Copyrights.

RECEIVED

JUL 05 2000

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