

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provided: Frontier School of Midwifery and Family
Nursing Inc.

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

*Removed by
CO per
D. Sparks,
phone
call, 12/5/0

Address of Service Provider: 200 West Vine Street, Suite 415, Lexington, Kv 40507

Name of Agent Designated to Receive
Notification of Claimed Infringement: Kenneth J. Tuggle

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):

Frost Brown Todd, LLC
400 West Market Street, 32nd Floor, Louisville, KY 40202-3363

Telephone Number of Designated Agent: 502-568-0269

Facsimile Number of Designated Agent: 502-581-1087

Email Address of Designated Agent: ktuggle@fbtlaw.com

Signature of Officer or Representative of the Designating Service Provider:

_____ Date: November 7, 2005

Typed or Printed Name and Title: KENNETH J. TUGGLE
Director

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable
to the Register of Copyrights.

SCANNED 12/08/05

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