Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Mary D. Med la
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): PARTNET SWIFT IN WEIGHT CM TO LE
Address of Service Provider: 68 Thurmon trol Denville, NJ
Name of Agent Designated to Receive Notification of Claimed Infringement: MAM D. Med a
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): 68 Twee mont vel Dest V. WE WJ 07834
Telephone Number of Designated Agent: 973 - 625-3943
Facsimile Number of Designated Agent:
Email Address of Designated Agent: Weight CP @ AOL. Com
ive of the Designating Service Provider: Date: Date:
Typed or Printed Name and Title: RN- Executive director MARY D- Meolo
The state of the s

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



RECEIVED

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