

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

**Full Legal Name of Service Provider:** American Civil Liberties Union of Washington

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** ACLU of Washington, ACLU of Washington Foundation, ACLU-WA, ACLU-WA Foundation

**Address of Service Provider:** 705 2nd Avenue, 3rd Floor, Seattle, WA 98104

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Kathleen Taylor

**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):  
705 2nd Avenue, 3rd Floor, Seattle, WA 98104

**Telephone Number of Designated Agent:** (206) 624-2184

**Facsimile Number of Designated Agent:** (206) 624-2190

**Email Address of Designated Agent:** webmaster@aclu-wa.org

Signature of Officer or Representative

Designating Service Provider:

Date: 12/13/05

Typed or Printed Name and Title: Kathleen Taylor, Executive Director

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

**152898089**



**RECEIVED**

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SCANNED 1/05/06