

**INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION  
OF CLAIMED INFRINGEMENT**

**Note:** This Interim Designation must be accompanied by a \$30 filing fee made payable to the *Register of Copyrights*. Please mail this form to: Copyright GC/I&R, P.O. Box 70400, Southwest Station, Washington, D.C. 20024

**Full Legal Name of Service Provider:** The Alliance for Children & Families-Schenectady's Promise

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Capital Region BOCES

**Address of Service Provider:** Suite 102- 900 Watervliet-Shaker Road,  
Albany, NY 12205

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

Nancy Jones

**Full Address of Designated Agent to which Notification Should be Sent:**

(Please ensure you are using a street address and not a PO Box when including the address of your Copyright Agent)

Suite 102- 900 Watervliet-Shaker Road

Albany, NY 12205

**Telephone Number of Designated Agent:** (518) 464-3949

**Facsimile Number of Designated Agent:** (518) 464-5127

**Email Address of Designated Agent:** njones@gw.neric.org

**Signature** ~~of~~ <sup>\*</sup> **Representative of the Designating Service Provider:**

**Date:** 11/10/03

**Typed/Printed Name and Title:** Name: Nancy Jones

Title: Coordinator

**137092910**



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**RECEIVED**

DEC 05 2003

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