

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

Full Legal Name of Service Provider: Secure Care Products, Inc.

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

Address of Service Provider: 39 Chenell Drive, Concord, NH 03301-8501

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Douglas E. Sampson

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):
Secure Care Products, Inc. 39 Chenell Dr. Concord, NH 03301

Telephone Number of Designated Agent: 603-223-0745

Facsimile Number of Designated Agent: 603-227-0200

Email Address of Designated Agent: sales@securecare.com

Signature of Officer or Representative of the Designating Service Provider:
_____ **Date:** August 3, 2000

Typed or Printed Name and Title: Douglas E. Sampson Executive Vice President

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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