

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

Note: This Interim Designation must be accompanied by a \$20 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: St. Joseph County Human Services Commission

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

Address of Service Provider: 692 E. Main Street
Centreville, Michigan 49032

RECEIVED

DEC 23 2002

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Name of Agent Designated to Receive Notification of Claimed Infringement:

Elizabeth O'Dell

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)

692 E. Main

Centreville, MI 49032

Telephone Number of Designated Agent: 616-467-1298

Facsimile Number of Designated Agent: 616-467-4012

Email Address of Designated Agent: eodell@net-link.net

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Signature of Officer or Representative of the Designating Service Provider:

Date: 9 July 02

Typed/Printed Name and Title: Name: Dr. Marilyn Liddell

Title: Chair

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