

**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:** Sylacauga Alliance for Family Enhancement, Inc

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Sylacauga's Promise; SAFE Family Services Center

**Address of Service Provider:** P.O. Box 1122 Sylacauga, AL 35150

78 Betsy Ross Lane Sylacauga, AL 35150

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

Margaret Morton

**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)

78 Betsy Ross Lane

Sylacauga, AL 35150

**RECEIVED**

**Telephone Number of Designated Agent:** 256-245-4343

**DEC 09 2002**

**Facsimile Number of Designated Agent:** 256-245-3675

**COPYRIGHT OFFICE**

**Email Address of Designated Agent:** mortonm@mysylacauga.com

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 12-05-02

**Typed/Printed Name and Title:** Name: Margaret Morton

Title: Executive Director

