

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

**Full Legal Name of Service Provider:** Heartland Family Service  
Heartlandfamilyservice.org

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** None

**Address of Service Provider:** 2101 S. 42nd Street, Omaha, NE 68105

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

**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):

Heartland Family Service 2101 S. 42nd St.  
Omaha, NE 68105

**Telephone Number of Designated Agent:** (402) 553-3000

**Facsimile Number of Designated Agent:** (402) 553-3133

**Email Address of Designated Agent:** dbashara@heartlandfamilyservice.org

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

\_\_\_\_\_ **Date:** 11/4/04

**Typed or Printed Name and Title:** John F. Herzog, Senior Vice-President

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

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SCANED 11-23-04

**RECEIVED**

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