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:	Honesdale Communities Tha	at Care
Alternative Name(s) of Service Provide provider is doing business): Honeso	er (including all names under dale CTC	which the service
Address of Service Provider: P.O.	Box 494, Honesdale, PA	18431
Name of Agent Designated to Receive N	Notification of Claimed Infrin	gement:
Full Address of Designated Agent to who (Please ensure you are using a street address and n 1536 Beech Grove Road, Honesdale	ot a PO Box when including the addr	ent: ess of your Copyright Agent)
		RECEIVED
Telephone Number of Designated Agen	t: (570) 253-5840	AUG 2 9 2003
Facsimile Number of Designated Agent	:N/A	COPYRIGHT OF THE
Email Address of Designated Agent:	msmurray@ptd.net	oor maan or n
Signature of Officer or Representative of	of the Designating Service Pro	ovider:
	Date: 7/3/	/03
	Date: 7/3/	/03

