

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/IR, P.O. Box 70400, Southwest Station, Washington, D.C. 20024

Full Legal Name of Service Provider: adams County Health Department -
Division of Health Promotion

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

OK Leave blank - No ALTERNATIVE NAME

Address of Service Provider: 333 N. 6th St.
Quincy, IL

Name of Agent Designated to Receive Notification of Claimed Infringement:

Julie Shepard

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)

333 N. 6th Street
Quincy, IL 62301

Telephone Number of Designated Agent: 217-222-8440 x 106

Facsimile Number of Designated Agent: 217-222-8508

Email Address of Designated Agent: jshepard@co.adams.il.us

Signature of Officer or Representative of the Designating Service Provider:

Date: 1-22-03

Typed/Printed Name and Title:

Name: Julie Shepard

Title: Division Supervisor

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