Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: NATIONAL ASSOCIATION OF PEOPLE WITH AIDS
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): AIDS PROCEDAMS OF THE ALOSAL ASSOCIATION OF PEOPLE WITH
Address of Service Provider: 8401 COLESUILLE RD STE 505 SILVER SPRING, MID ZO910 Name of Agent Designated to Receive Notification of Claimed Infringement: THOMAS P KUTAWSKI
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):
Telephone Number of Designated Agent: 202, 415, 7237
Facsimile Number of Designated Agent: ZAO, Z47, 0574
Email Address of Designated Agent: TKUTAWSKI WAPWA. ORG
Signature of Officer or Representative of the Designating Service Provider: Date: Z FCIS Date: Z FCIS Date: Z FCIS Date: Designating Service Provider: Date: Z FCIS
Signature of Officer or Representative of the Designating Service Provider: Date: Zerola in the geographic location): NAPWA Signature of Officer or Representative of the Designating Service Provider: Date: Zerola in the geographic location is not acceptable except where it is the only address that can be used in the geographic location): NAPWA STE 505 STE

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



