

**INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION
OF CLAIMED INFRINGEMENT**

Full Legal Name of Service Provider: _____

Amarillo Area Foundation, Inc. _____

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

Address of Service Provider: _____

801 S. Fillmore, Ste. 700, Amarillo, TX 79101 _____

Name of Agent Designated to Receive Notification of Claimed Infringement:

Elaine Vivens _____

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)

801 S. Fillmore, Ste. 700, Amarillo, TX 79101 _____

RECEIVED

SEP 09 2002

Telephone Number of Designated Agent: 806.376.4521 _____

Facsimile Number of Designated Agent: 806.373.3656 _____

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Email Address of Designated Agent: elaine@aaf-hf.org _____

Signature of Officer or Representative of the Designating Service Provider:

Date: April 10, 2002

Typed/Printed Name and Title: Name: Jim Allison _____

Title: President and Executive Director _____

Note: This Interim Designation must be accompanied by a \$20 filing fee made payable to the Register of Copyrights.

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