

**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/I&R, P.O. Box 70400, Southwest Station, Washington, D.C. 20024

**Full Legal Name of Service Provider:** Cabell County Family Resource Network, Inc.

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

**Address of Service Provider:** 625 4th Avenue  
Huntington, WV 25701

**Name of Agent Designated to Receive Notification of Claimed Infringement:**  
Debra H. Bowyer (added per call D. Bowyer 7/30/02 cl)

**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)

625 4th Ave  
Huntington, WV 25701

**RECEIVED**  
AUG 02 2002  
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**Telephone Number of Designated Agent:** 304-697-0255

**Facsimile Number of Designated Agent:** 304-523-9595

**Email Address of Designated Agent:** cabellfrn@ntelos.net

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** July 12, 2002

**Typed/Printed Name and Title:** Name: Debra Harris Bowyer  
Title: Coordinator

