

**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:** Clearwater County's Promise

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Clearwater County's Promise

**Address of Service Provider:** 300 Dunlop Rd  
Orofino ID 83544

**Name of Agent Designated to Receive Notification of Claimed Infringement:**  
Helen Savage

**Full Address of Designated Agent to which Notification Should be Sent:**  
(Please ensure you are using a street address and not a PO Box when including the address of your Copyright Agent)

2762 Grangemont Rd  
Orofino ID 83544

**Telephone Number of Designated Agent:** 208 790 2976

**Facsimile Number of Designated Agent:** 208 476 5557

**Email Address of Designated Agent:** savageh@sd171.k12.id.us

**Signature of Officer or Representative of the Designating Service Provider:**  
Date: 1/4/2003

**Typed/Printed Name and Title:** Name: Helen Savage

Title: Clearwater County's Promise Coordinator

**RECEIVED**

JAN 14 2003

**COPYRIGHT OFFICE**  
Digital Millennium Copyright Act Form

131040685



131040685