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Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Cooperative for Assistance and Relief Everywhere, Inc.

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

Address of Service Provider: 151 Ellis Street NE, Atlanta, GA 30303

Name of Agent Designated to Receive Notification of Claimed Infringement: Linda K. DiSantis

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):
151 Ellis Street NE, Atlanta, GA 30303

Telephone Number of Designated Agent: (404) 979-9547

Facsimile Number of Designated Agent: (404) 589-2603

Email Address of Designated Agent: ldisantis@care.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 6/26/09

Typed or Printed Name and Title: Linda K. DiSantis, General Counsel

SCANNED 08 07 - 2009

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

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



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