

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** COUNTY COMMISSIONERS  
ASSOCIATION OF PENNSYLVANIA

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

**Address of Service Provider:** 17 NORTH FRONT ST. HARRISBURG, PA 17101

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** DOUG HILL

**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):  
17 NORTH FRONT ST. HARRISBURG, PA 17101

**Telephone Number of Designated Agent:** (717)232-7554

**Facsimile Number of Designated Agent:** (717)232-2162

**Email Address of Designated Agent:** DHILL@PACOUNTIES.ORG

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** 1-8-08

**Typed or Printed Name and Title:** DOUG HILL, EXECUTIVE DIRECTOR

SCANNED 01-28-2008

**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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