Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: **American Society of Interior Designers, Inc.**

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

Address of Service Provider: **608 Massachusetts Ave., NE, Washington, DC 20002-6006**

Name of Agent Designated to Receive Notification of Claimed Infringement: **Michael Berens**

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): **608 Massachusetts Ave., NE Washington, DC 20002-6006**

Telephone Number of Designated Agent: **(202) 546-3480**

Facsimile Number of Designated Agent: **(202) 546-3240**

Email Address of Designated Agent: **mberens@asid.org**

Signature of Officer or Representative of the Designating Service Provider: ___________ Date: **10/13/00**

Typed or Printed Name and Title: **Michael Akin, Executive Director**

Note: This Interim Designation Must be Accompanied by a $20 Filing Fee Made Payable to the Register of Copyrights.

**RECEIVED**

**OCT 23 2000**

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