

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

Full Legal Name of Service Provider: Bellefaire Jewish Children's Bureau

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): March Center for Autism

Address of Service Provider: 22001 Fairmount Blvd. Shaker Heights, OH 44118

Name of Agent Designated to Receive Notification of Claimed Infringement: Leygh Johnson

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):
same as above

Telephone Number of Designated Agent: 216-320-8222

Facsimile Number of Designated Agent: 216-320-8733

Email Address of Designated Agent: johnsonl@wingspan.org

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

Typed or Printed Name and Title: Adina G. Jacobs, Ph.D., President

SCANNED 10 16-2009

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



RECEIVED

SEP 28 2009

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