INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION OF CLAIMED INFRINGEMENT

Note: This Interim Designation must be accompanied by a 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 FEB 2 3 2003 Full Legal Name of Service Provider: Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): HEALTHY COMMUNERY HEALTHY YOUTH INTHATINE Address of Service Provider: Street Address, see below* *Added by CO 2/24/03 Name of Agent Designated to Receive Notification of Claimed Infringement: MCCARTER. EXECTIVE DIRECTOR -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) BOULEVARD ATTN: HC*HY Telephone Number of Designated Agent: (208) 384-3829 Facsimile Number of Designated Agent: (208) 384 - 4470 Email Address of Designated Agent: MMCCARTER @ City of BOISE, DR. Signature of Officer or Representative of the Designating Service Provider: Date: 12/10/02 Typed/Printed Name and Title: Name: WAT, WCCARTING Title: < X ECTIVE DIRECTOR -130624410