

INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION
OF CLAIMED INFRINGEMENT

Note: This Interim Designation must be accompanied by a \$30 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

Full Legal Name of Service Provider: BRIDGES^{Madison County} Council on
Alcoholism and Substance Abuse, INC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Madison County's Promise

Address of Service Provider: 3037 Seneca Turnpike
Canastota, NY 13032

Name of Agent Designated to Receive Notification of Claimed Infringement:
Meghan M. Breen

Full Address of Designated Agent to which Notification Should be Sent:
(Please ensure you are using a street address and not a PO Box when including the address of your Copyright Agent)
3037 Seneca Turnpike
Canastota, NY 13032

Telephone Number of Designated Agent: (315) 697-3947

Facsimile Number of Designated Agent: (315) 697-2708

Email Address of Designated Agent: bridges8@twcny.rr.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 2/24/04
Typed/Printed Name and Title: Name: Meghan Breen

Title: Coordinator, Madison County's Promise

RECEIVED

MAR 12 2004

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