

INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION
OF CLAIMED INFRINGEMENT

Note: This Interim Designation must be accompanied by a \$20 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: CRAWFORD ABUSE RESISTANCE
EFFORT, INC.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): C.A.R.E. COUNCIL, C.A.R.E.
PRAIRIE du CHIEN MEMORIAL HOSPITAL C.A.R.E.

Address of Service Provider: 800 E. TAYLOR ST.
PRAIRIE du CHIEN, WI 53821

RECEIVED

NOV 04 2002

Name of Agent Designated to Receive Notification of Claimed Infringement:
RICK PETERSON

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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)

800 E. TAYLOR ST.

PRAIRIE du CHIEN, WI 53821

Telephone Number of Designated Agent: 608/326-0909

Facsimile Number of Designated Agent: 608/326-4882

Email Address of Designated Agent: carecnc1@mhtc.net

Signature of Officer or Representative of the Designating Service Provider:

Date: 8/12/02

Typed/Printed Name and Title:

Name: RICK PETERSON

Title: PROGRAM DIRECTOR

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