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 Provi	der: Ha	nover County Dept. of	Community
F.	Ro	Davces	ar
Alternative Name(s) of Service Pr provider is doing business):		cluding all names under which	n the service
Address of Service Provider:	Lo	12310 Washington	Hgway
		Ashland, VA 2300	5
Name of Agent Designated to Rec	eive Notifi	cation of Claimed Infringeme	nt:
Ivy Told Sager			
Full Address of Designated Agent (Please ensure you are using a street address			your Copyright Agent)
12310 washington	Highw	ay	
'Ashland, VA 2300	5		
Telephone Number of Designated	Agent: _	(804) 365-4300	
Facsimile Number of Designated Agent: (304) 365 - 4299			
Email Address of Designated Age		Itsager@ co. hanover	r. va.us
Signature of Officer or Represent	ative of the	e Designating Service Provide	r:
		_ Date: _ 9/2/04	
Typed/Printed Name and Title:	Name:	Ivy Todd Sager	
	_Title:	Director	RECEIVED
140600000			SED 0 0 0004

COPYRIGHT OFFICE