

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

**Full Legal Name of Service Provider:** Jewish Professional Women's Network

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** JPWN

**Address of Service Provider:** 1201 West Peachtree Street, Atlanta, GA 30309-3488

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Suellen W. Bergman

**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):  
1201 West Peachtree Street, Atlanta, GA 30309-3488

**Telephone Number of Designated Agent:** 404-572-6705

**Facsimile Number of Designated Agent:** 404-572-6999

**Email Address of Designated Agent:** sbergman@mail.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** July 25, 2005

**Typed or Printed Name and Title:** Suellen W. Bergman      Attorney at Law

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.**

SCANNED 9 / 13 / 05

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**RECEIVED**

AUG 29 2005

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