Interim Designation of Agent to Receive Notification of Claimed Infringement

End I agal Name of Sarvine Provider: KNO VVII 15's Provider The
Full Legal Name of Service Provider: KNOXVILLE'S Prinise - The Alliance For youth
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Knoxvilles Promise. org
Address of Service Provider: 60/ W. Summit Him Dr., Suite 100 Knoxville, TN 37902 - 20.4 Name of Agent Designated to Receive
Name of Agent Designated to Receive
Notification of Claimed Infringement: Tracey Farr
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):
601 W. Summit Him Dr., Suite 100 K NOR VILLE, IN 37902 - 2004
Telephone Number of Designated Agent: (865) 523 - 2775
Facsimile Number of Designated Agent: (865) 523 - 3154
Email Address of Designated Agent: farr @ Knoxvillespromise. org
Presentative of the Designating Service Provider: Date: 8 6 02
Typed or Printer Name and Title: TRACEY FARE, COMMUNICATIONS DIRECTOR

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



RECEIVED

SEP 0 4 2002

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