

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

Full Legal Name of Service Provider: MENTAL HEALTH/MENTAL RETARDATION
PROGRAM ADMINISTRATORS ASSOCIATION OF PENNSYLVANIA

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

Address of Service Provider: 17 NORTH FRONT ST. HARRISBURG, PA 17101

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** MICHAEL CHAMBERS

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):
17 NORTH FRONT ST. HARRISBURG, PA 17101

Telephone Number of Designated Agent: (717)232-7554

Facsimile Number of Designated Agent: (717)232-2162

Email Address of Designated Agent: MCHAMBERS@PACOUNTIES.ORG

Signature of Representative of the Designating Service Provider:

Date: 01/09/2008

Typed or Printed Name and Title: MICHAEL CHAMBERS, EXECUTIVE DIRECTOR

SCANNED

28 / 2008

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



RECEIVED

FEB 01 2008

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