Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: NATIONAL ASSOCIATION OF PEOPLE WITH AIDS

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): AIDS PROGRAMS OF THE NATIONAL ASSOCIATION OF PEOPLE WITH AIDS

Address of Service Provider: 8401 COLESVILLE RD STE 505 SILVER SPRING, MD 20910

Name of Agent Designated to Receive Notification of Claimed Infringement: THOMAS P KUJAWSKI

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):

NAPWA
8401 COLESVILLE RD. STE 505
SILVER SPRING, MD 20910

Telephone Number of Designated Agent: 202.415.7237

Facsimile Number of Designated Agent: 240.247.0574

Email Address of Designated Agent: TKUJAWSKI @ NAPWA. ORG

Signature of Officer or Representative of the Designating Service Provider: [Signature]

Date: 2/13/09

Typed or Printed Name and Title: THOMAS P KUJAWSKI
VICE PRESIDENT OF DEVELOPMENT

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