

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 Provider: Partners in Prevention -
Rock County, Inc.

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

Partners in Prevention c/o Janesville School District

Address of Service Provider: 115 E. Court St, Suite 225,
Janesville, WI 53545

Name of Agent Designated to Receive Notification of Claimed Infringement:
Kate Baldwin

Full Address of Designated Agent to which Notification Should be Sent:
(Please ensure you are using a street address and not a PO Box when including the address of your Copyright Agent)

115 E. Court St, Suite 225
Janesville, WI 53545

Telephone Number of Designated Agent: 608-758-1844

Facsimile Number of Designated Agent: 608-758-0025

Email Address of Designated Agent: piprock@ticon.net

Signature of Officer or Representative of the Designating Service Provider:

Date: April 22, 2004

Typed/Printed Name and Title: Name: KATE BALDWIN

Title: EXECUTIVE DIRECTOR

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RECEIVED

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