

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

Full Legal Name of Service Provider: The Nueva School

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

Address of Service Provider: 6565 Skyline Boulevard Hillsborough, CA 94010

Name of Agent Designated to Receive Notification of Claimed Infringement: Ms. Shirley Doxtad

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):
Ms. Shirley Doxtad, The Nueva School 6565 Skyline Boulevard Hillsborough, CA 94010

Telephone Number of Designated Agent: 650 348 2272 X354

Facsimile Number of Designated Agent: 650 348 2748

Email Address of Designated Agent: sdoxtad@nuevaschool.org

Signature: _____ Date: 9/6/05

Typed or Printed Name and Title: Shirley Doxtad, Director of Finance and Operations

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

SCANNED 12/20/05

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