

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: America's Promise Alliance

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

Address of Service Provider: 909 N Washington St, Alexandria VA 22314

Name of Agent Designated to Receive Notification of Claimed Infringement: Donna Anderson

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):

909 N Washington St, Alexandria VA 22314

Telephone Number of Designated Agent: (703) 535-3863

Facsimile Number of Designated Agent: (703) 535-3900

Email Address of Designated Agent: donna@americaspromise.org

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 1/31/2008

Typed or Printed Name and Title: Donna Anderson, CFO

SCANNED 03/28/2008

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



RECEIVED

FEB 01 2008
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