

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

Full Legal Name of Service Provider: _____
The Association of Junior Leagues International Inc. _____

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

Address of Service Provider: 80 Maiden Lane, Suite 305, New York, NY 10038 _____

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Martha Ferry _____

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):
80 Maiden Lane, Suite 305, New York, NY 10038 _____

Telephone Number of Designated Agent: 212-951-8364 _____

Facsimile Number of Designated Agent: 212-481-6206 _____

Email Address of Designated Agent: mferry@ajli.org _____

Signature of Officer or Representative of the Designating Service Provider:

Date: 1/28/2009 _____

Typed or Printed Name and Title: Martha Ferry, Chief Financial Officer _____

02 06 - 2009
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



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