

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

**Full Legal Name of Service Provider:**

The Kansas City Metropolitan Bar Association

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

**Address of Service Provider:** 1125 Grand Blvd., Suite 400, Kansas City, MO 64106

**Name of Agent Designated to Receive Notification of Claimed Infringement:**

Cheryl Rose

**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):**

1125 Grand Blvd., Suite 400, Kansas City, MO 64106

**Telephone Number of Designated Agent:** (816) 474-4322

**Facsimile Number of Designated Agent:** (816) 474-0103

**Email Address of Designated Agent:** crose@kcmba.org

**Attorney or Representative of the Designating Service Provider:**

Date: 2/25/03

**Typed or Printed Name and Title:** Rae Jean McCall, Executive Director

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

**RECEIVED**

APR 01 2003

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