

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider Dr. Stephanie Lyon Kutzen

(website 1: www.whenyourchildrentbecomeparents.com)
(website 2: www.alegacyoflaughter.com)

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Stephanie Kutzen, Ph.D
Dr. Stephanie Kutzen

Address of Service Provider: 1925 Lake Avenue Suite 305
Wilmette, Illinois 60091

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Stephanie Kutzen*

Full Address of Designated Agent to which Notification Should be Sent (P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): 1925 Lake Avenue Suite 305
Wilmette, Illinois 60091 *Added by CO to replace signature

Telephone Number of Designated Agent (847) 256-1111

Facsimile Number of Designated Agent (847) 251-3081

Email Address of Designated Agent emcns1@ameritech.net

Representative of the Designating Service Provider: _____
Date: March 6, 2004

Typed or Printed Name and Title: Dr. Stephanie Kutzen
owner* *Added by CO per S. Kutzen, phone call, 3/15/04

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



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