

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Buchanan Community Schools

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

Address of Service Provider: 401 W. Chicago St. Buchanan, MI 49107

Name of Agent Designated to Receive
Notification of Claimed Infringement: Clarence Grimm

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):

401 W. Chicago St.
Buchanan, MI 49107

Telephone Number of Designated Agent: 269-695-8452

Facsimile Number of Designated Agent: 269-695-8411

Email Address of Designated Agent: cgrimm@remc11.k12.mi.us

Signature of _____ cer or Representative of the Designating Service Provider:
Date: 10/24/03

Typed or Printed Name and Title: Clarence Grimm
Director of Technology Resources

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

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P.O. Box 70400 Southwest Station
Washington, D.C. 20024

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