

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

**Full Legal Name of Service Provider:** Central Arkansas Library System

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

**Address of Service Provider:** 100 Rock St., Little Rock, AR 72201

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

**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):  
Central Arkansas Library System; 100 Rock St. Little Rock, AR 72201

**Telephone Number of Designated Agent:** 501-918-3008

**Facsimile Number of Designated Agent:** 501-375-7451

**Email Address of Designated Agent:** ccoffey@cals.org

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Central Arkansas Library System; January 10, 2005

Signature of Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 5/21/2013

Typed or Printed Name and Title: Bobby Roberts, Director

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

\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)

Mail the form to:  
**Copyright I&R/Recordation**  
**P.O. Box 71537**  
**Washington, DC 20024**



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