Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the ser provider is doing business): Www.ci.saline.mi.us, www.besaline.com, www.cityofsaline.org, www.city-saline.org	
Address of Service Provider: 100 N. Harris St., Saline, Michigan 48176	
Name of Agent Designated to Receive Notification of Claimed Infringement: Chris Shonk	
Full Address of Designated Agent to which Notification Should be Sent (a r similar designation is not acceptable except where it is the only address that can be used in the pocation): 100 N. Harris St., Saline, Michigan 48176	P.O. Box
elephone Number of Designated Agent: (734) 429-4907	
Facsimile Number of Designated Agent: (734) 429-0528	
mail Address of Designated Agent: cshonk@cityofsaline.org	
ne Designating Service Provider: Date: 7-/8-/3	
yped or Printed Name and Title: Mickie Jo Bennett, City Treasurer	

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

www.copyright.gov/docs/fees.html



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