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

Full Legal Name of Service Provider: THE CLARENCE VILLE SCHOOL
DISTRICT OF WAYNE AND CAKLAND COUNTIES
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): CLARENCEVILLE SCHOOLS
Address of Service Provider: 20155 MIDDLE BELTRD 48157
Name of Agent Designated to Receive  Notification of Claimed Infringement: AMES R PHIPPS
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):  TAMES R PHIPPS, DIRECTOR OF TECHNOLOGY, CLARENCEVILLE SEHOOLS, ZOZIO MIDDLEBELT RD, LIUDNIA MI 4815Z
Telephone Number of Designated Agent: 248 473 893/
Facsimile Number of Designated Agent: 248 473 893 2
Email Address of Designated Agent: jp 3 oclv @
Signature of Officer or Representative of the Designating Service Provider:  Date:
Typed or Printed Name and Title: TAMES R PHIPPS DIRECTOR OF

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee . Made Payable to the Register of Copyrights. RECEIVED

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