Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): CSLP Address of Service Provider: 953 Sixth Place, SE, Mason City IA 50401-5261 Name of Agent Designated to Receive Notification of Claimed Infringement: Karen M. Day 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): 953 Sixth Place, SE, Mason City IA 50401-5261 Telephone Number of Designated Agent: 866-657-8556 Facsimile Number of Designated Agent: 641-424-5120 Email Address of Designated Agent: karen.day@cslpreads.org Signature of Officer or Representative of the Designating Service Provider: Date: ///// 20// Typed or Printed Name and Title: Director of Administrative Services	Full Legal Name of Service Provider: Collaborative Summer Library Program
Name of Agent Designated to Receive Notification of Claimed Infringement: Karen M. Day 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): 953 Sixth Place, SE, Mason City IA 50401-5261 Telephone Number of Designated Agent: 866-657-8556 Facsimile Number of Designated Agent: 641-424-5120 Email Address of Designated Agent: karen.day@cslpreads.org Signature of Officer or Representative of the Designating Service Provider: Date: 1/1/4/20//	
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Email Address of Designated Agent: karen.day@cslpreads.org Signature of Officer or Representative of the Designating Service Provider:	Telephone Number of Designated Agent: 866-657-8556
Signature of Officer or Representative of the Designating Service Provider: Date: // /4 / 20/ /	Facsimile Number of Designated Agent: 641-424-5120
Signature of Officer or Representative of the Designating Service Provider: Date: // /4 / 20/ /	Email Address of Designated Agent: karen.day@cslpreads.org
Typed or Printed Name and Title: Director of Administrative Services	Signature of Officer or Representative of the Designating Service Provider:
	Typed or Printed Name and Title: Director of Administrative Services

Note: This 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



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