

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

Basic fee of \$105 covers indexing of this one name. **Full Legal Name of Service Provider:** Collinsville Community Unit School District #10

Additional \$35 per group of 10 or fewer. **Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** _____

Address of Service Provider: 201 W. Clay Street, Collinsville, IL 62234

Name of Agent Designated to Receive Notification of Claimed Infringement: Derek Turner

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):
201 W. Clay Street, Collinsville, IL 62234

Telephone Number of Designated Agent: 618-346-6350

Facsimile Number of Designated Agent: 618-346-6364

Email Address of Designated Agent: dturner1@cusd.kahoks.org

 Representative of the Designating Service Provider:
Date: 10-23-15

Typed or Printed Name and Title: Derek Turner - Technology Coordinator

**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**

Mail the form to:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

**Scanned
DEC 16 2015**

**Received
NOV 17 2015
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