

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

Full Legal Name of Service Provider: Copperas Cove Independent School District

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

Address of Service Provider: 703 West Avenue D, Copperas Cove, TX 76522

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Brenda Cox

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):
Copperas Cove ISD, 703 West Avenue D, Copperas Cove, TX 76522

Telephone Number of Designated Agent: (254) 547-1227

Facsimile Number of Designated Agent: (254) 547-4923

Email Address of Designated Agent: dr_cox@ccisd.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 9-4-2010

Typed or Printed Name and Title: Dr. Brenda Cox
Assistant Superintendent of Curriculum & Student 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**

Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



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