

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

Full Legal Name of Service Provider: D.R. Moon Memorial Library

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

Address of Service Provider: 154 E. 4th Avenue, Stanley, Wisconsin 54768

Name of Agent Designated to Receive Notification of Claimed Infringement: Lori Stanek, Director

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):
D.R. Moon Memorial Library, 154 E. 4th Avenue, Stanley, Wisconsin 54768

Telephone Number of Designated Agent: (715) 644-2004

Facsimile Number of Designated Agent: (715) 644-2941

Email Address of Designated Agent: stanleypl@stanleylibrary.org

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 3/01/16

Typed or Printed Name and Title: Lori Stanek, Director

**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**

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