

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

Full Legal Name of Service Provider: D.C. Everest Area Schools

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): None

Address of Service Provider: 6300 Alderson Street, Weston, WI 54476-3908

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Lois M. Alt, Ed. D., Asst. Superintendent

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):
6300 Alderson Street, Weston, WI 54476-3908

Telephone Number of Designated Agent: (715) 359-4221

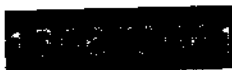
Facsimile Number of Designated Agent: (715) 359-2056

Email Address of Designated Agent: lmaltdcc@k12.wi.us

Signature of _____ Representative of the Designating Service Provider:
Date: 12/11/02

Typed or Printed Name and Title: Dr. Lois M. Alt, Ed. D., Assistant Superintendent,
Curriculum, Instruction, and Technology

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.



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