

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

**Full Legal Name of Service Provider:** Des Plaines Public Library

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

**Address of Service Provider:** 1501 Ellinwood Street, Des Plaines, IL, 60016

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Holly Richards Sorensen

**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):  
1501 Ellinwood Street, Des Plaines, IL, 60016

**Telephone Number of Designated Agent:** 847-376-2801

**Facsimile Number of Designated Agent:** 847-827-7974

**Email Address of Designated Agent:** hsorensen@dppl.org

**Signature of Officer or Representative of the Designating Service Provider:**

*Holly Richards Sorensen*

**Date:** 6-17-11

**Typed or Printed Name and Title:** Holly Richards Sorensen, Library 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](http://www.copyright.gov/docs/fees.html)**

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



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