

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

Full Legal Name of Service Provider: Dexter District Library

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

Address of Service Provider: 8040 Fourth St., Dexter, MI 48130

Name of Agent Designated to Receive Notification of Claimed Infringement: Paul McCann

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):

Dexter District Library
8040 Fourth St., Dexter, MI 48130

Telephone Number of Designated Agent: (734) 426-4477

Facsimile Number of Designated Agent: (734) 462-1217

Email Address of Designated Agent: pmccann@tln.lib.mi.us

Signature _____ **or Representative of the Designating Service Provider:**
Date: 3/19/99

Typed or Printed Name and Title: Paul McCann, Library Director

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

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