

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

**Full Legal Name of Service Provider:** Eaton Rapids Public Schools, Eaton Rapids, MI

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

**Address of Service Provider:** 501 King St., Eaton Rapids MI 48827

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** William L. DeFrance, Ph.D.

**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):  
same as above

**Telephone Number of Designated Agent:** 517-663-8155

**Facsimile Number of Designated Agent:** 517-663-2236

**Email Address of Designated Agent:** wdefrance@erps.k12.mi.us

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_ **Date:** 10-6-2004

**Typed or Printed Name and Title:** William L. DeFrance, Ph.D., Superintendent of  
Schools

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

**142652322**



SCANNED 12-06-04

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