

Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Ellicottville Central School

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

Address of Service Provider: 5873 Route 219 South, Ellicottville, NY 14731

Name of Agent Designated to Receive Notification of Claimed Infringement: Pamela M. Illig

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):
5873 Rte 219 Ellicottville, New York 14731
c/o Ellicottville Central School

Telephone Number of Designated Agent: 716-699-2314

Facsimile Number of Designated Agent: 716-699-2314

Email Address of Designated Agent: pillig@eville.wyvic.org

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: _____

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

Date: 11/5/07

Typed or Printed Name and Title: Patricia A. Hayes
Superintendent of School

Note: This Amended Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

DEC 14 2007
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