

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

Full Legal Name of Service Provider: \_\_\_\_\_  
Harlingen Consolidated Independent School District

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): \_\_\_\_\_  
Harlingen C.I.S.D.  
Harlingen School District

Address of Service Provider: 1409 E. Harrison Harlingen, Tx 78550

Name of Agent Designated to Receive Notification of Claimed Infringement: Osvie Leal

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):

Central Media Center  
Attn: Osvie Leal  
1409 E. Harrison  
Harlingen, Tx 78550

Telephone Number of Designated Agent: 956-427-3500

Facsimile Number of Designated Agent: 956-427-3570

Email Address of Designated Agent: lealos@harlingen.isd.tenet.edu

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 1-6-05

Typed or Printed Name and Title: Central Media Center Director

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

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RECEIVED

JAN 06 2005

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