

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

Full Legal Name of Service Provider: Hockinson School District #98

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

Address of Service Provider: 17912 NE 159th Street, Brush Prairie, WA 98606

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Michael C. Grubbs

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):
17912 NE 159th Street, Brush Prairie, WA 98606

Telephone Number of Designated Agent: 360-448-6400

Facsimile Number of Designated Agent: 360-448-6409

Email Address of Designated Agent: michael.grubbs@hock.k12.wa.us

Signature of Officer [Redacted] **Representative of the Designating Service Provider:**
Date: 05/24/2010

Typed or Printed Name and Title: Dr. Michael C. Grubbs, Superintendent

**Note: This Interim Designation Must be Accompanied by a Filing Fee*
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www.copyright.gov/docs/fees.html**

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