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Interim Designation of Agent to Receive Notification of Claimed Infringement

OCT 01 1999

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Full Legal Name of Service Provider: Howell Carnegie District Library

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

Address of Service Provider: 314 West Grand River
Howell, MI 48843

Name of Agent Designated to Receive Notification of Claimed Infringement: Jerilee^a Cook

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):

Howell Carnegie District Library
314 West Grand River, Howell, MI 48843

Telephone Number of Designated Agent: (517) 546-0720

Facsimile Number of Designated Agent: (517) 546-1494

Email Address of Designated Agent: cook@hcdl.howell-carnegie.lib.mi.us

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

Date: 8/1/99

Typed or Printed Name and Title: Jerilee Cook, Head of Reference and Adult Services

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

DATE RECD.	<u>9-7-99</u>
DEPT.	_____
ACCT. #	<u>101-710</u> \$ _____
ACCT. #	<u>740</u> \$ _____
ACCT. #	_____ \$ _____
ACCT. #	_____ \$ _____
TOTAL \$	_____
DEPT. HEAD APPROVAL	<u>J.A.C.</u>

Make payable to Register of Copyrights.

