

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

Full Legal Name of Service Provider: Ingham Intermediate School District

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

Address of Service Provider: 2630 W. Howell Rd. Mason, MI 48854

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jo Ellen Miskowski

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):
2630 W. Howell Rd. Mason, MI 48854

Telephone Number of Designated Agent: 517.244.1278

Facsimile Number of Designated Agent: 517.676.1277

Email Address of Designated Agent: abuse@inghamisd.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 12/6/1999

Typed or Printed Name and Title: Jo Ellen Miskowski, Director for Information Systems

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

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