

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

**Full Legal Name of Service Provider:** Jenison Public Schools

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

**Address of Service Provider:** 8375 20th Ave.  
Jenison, MI 49428

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Tim Staal

**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):**

District Media & Technology  
2140 Bauer Rd.  
Jenison, MI 49428

**Telephone Number of Designated Agent:** 616-667-3375

**Facsimile Number of Designated Agent:** 616-457-4070

**Email Address of Designated Agent:** tstaal@remc7.k12.mi.us

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 4/30/2001

**Typed or Printed Name and Title:** Tim Staal  
Director of Media & Technology

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

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**RECEIVED**

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