

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

Full Legal Name of Service Provider: John Read Middle School

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

Address of Service Provider: 486 Redding Road, Redding, CT 06896

Name of Agent Designated to Receive Notification of Claimed Infringement: Evelyn Reeve

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):
486 Redding Road, Redding, CT 06896

Telephone Number of Designated Agent: (203) 938-2533

Facsimile Number of Designated Agent: (203) 938-8667

Email Address of Designated Agent: ereeve@reddingps.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 5/28/08

Typed or Printed Name and Title: Evelyn Reeve,
Director, Learning Resources & Information Technology

SCANNED 07-29-2008

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



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MAY 27 2008

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