

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

Full Legal Name of Service Provider: HELEN KELLER MIDDLE SCHOOL

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

Address of Service Provider: 360 SPORT HILL ROAD, EASTON, CT 06612

Name of Agent Designated to Receive Notification of Claimed Infringement: MARION CARLSON

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):
360 SPORT HILL ROAD, EASTON, CT 06612

Telephone Number of Designated Agent: 203-268-8651 X419

Facsimile Number of Designated Agent: 203-268-6105

Email Address of Designated Agent: MCARLSON@EASTONPS.ORG

Name of Designating Service Provider: _____
Date: MAY 30, 2012

Typed or Printed Name and Title: MARION CARLSON, LIBRARY MEDIA ASSISTANT

**Note: This interim Designation must be Accompanied by a Filing Fee*
Made Payable to the Register of Copyrights.**

**Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



Scanned

JUN 26 2012

Received

JUN 12 2012

Copyright Office