

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

Full Legal Name of Service Provider: Mathews Memorial Library

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

Address of Service Provider: 251 Main Street, Mathews, Virginia 23109

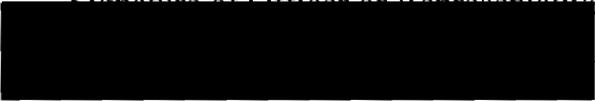
Name of Agent Designated to Receive Notification of Claimed Infringement: Gregory S. Lewis

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):
Mathews Memorial Library, Gregory S. Lewis, P.O. Box 980, Mathews, Virginia 23109

Telephone Number of Designated Agent: (804)725-5747

Facsimile Number of Designated Agent: (804)725-7668

Email Address of Designated Agent: greglewis@mathewslibrary.org

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 6/28/2016

Typed or Printed Name and Title: Gregory S. Lewis, Head Technical Services

**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:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

**SCANNED
AUG 17 2016**

**Received
JUL 28 2016
Copyright Office**

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