

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

Basic fee of \$105  
covers indexing  
of this one name.

**Full Legal Name of Service Provider:** Michigan Disability Rights Coalition

Additional \$30  
per group of 10  
or fewer.

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

**Address of Service Provider:** 3498 E. Lake Lansing Rd., Ste. 100, East Lansing, MI 48823

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Wade Handrich-MDRC

**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):  
3498 E. Lake Lansing Rd., Suite 100  
East Lansing, MI 48823

**Telephone Number of Designated Agent:** 1-800-760-4600

**Facsimile Number of Designated Agent:** 1-517-333-2677

**Email Address of Designated Agent:** whandrich@prosynergy.org

**Signature** \_\_\_\_\_ **representative of the Designating Service Provider:**

**Date:** 11-10-10

**Typed or Printed Name and Title:** Norman G. DeWick, Jr.  
Executive Director

**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](http://www.copyright.gov/docs/fees.html)**

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