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

Full Legal Name of Service Provider: MONROE COUNTY INTEMEDIATE SCHOOL DISTRICT
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): MLISD, MONROG ISO
Address of Service Provider: 1101 S. RAISINVILLE ROAD MONKOE
Name of Agent Designated to Receive ELILABETH J. TAY loc
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):    (0   5. RAISINVIII ROAL MOULD   MOULD
monage mi 48161
Telephone Number of Designated Agent: 734-14 2-5799
Facsimile Number of Designated Agent: 734 - 242 - 056 7
Email Address of Designated Agent: <u>Laylor Comiso. K12. mi. 49</u>
of Officer or P atative of the Designating Service Provider:  Date: 5/20/05
ASSISTANT SUPERINTENDENT FOR HUMAN RESOURCE
AND LEGAL COUNSEL

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.



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JUN 0 8 2005

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