

Interim Designation of Agent to Receive Notification of Claimed Infringement

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Full Legal Name of Service Provider: Rawson Memorial Library

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

Address of Service Provider: 6495 Pine St., Cass City, MI 48726

Name of Agent Designated to Receive Notification of Claimed Infringement: Barbara Hutchinson

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):
6495 Pine St., Cass City, MI 48726

Telephone Number of Designated Agent: 517-872-2856

Facsimile Number of Designated Agent: 517-872-4073

Email Address of Designated Agent: hutchinb@ws.rawson.lib.mi.us

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 04-08-99

Typed or Printed Name and Title: Barbara Hutchinson, Library Director

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

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To <u>Linda Ricco</u>	From _____
Co. _____	Co. _____
Dept. _____	Phone # _____
Fax # _____	Fax # _____