

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

**Full Legal Name of Service Provider:** Region 20 Education Service Center

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Education Service Center, Region 20; ESC-20

**Address of Service Provider:** 1314 Hines, San Antonio, TX 78208

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Harriett Jackson

**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):  
Education Service Center, Region 20, 1314 Hines, San Antonio, TX 78208

**Telephone Number of Designated Agent:** (210) 370-5200

**Facsimile Number of Designated Agent:** (210) 370-5750

**Email Address of Designated Agent:** harriett.jackson@esc20.net

**The Designating Service Provider:** [Redacted]  
**Date:** 3-22-13

**Typed or Printed Name and Title:** Dr. Ronny L. Beard, Executive Director

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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