

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Redding Elementary School

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

Address of Service Provider: 33 Lonetown Rd. Redding, CT 06896

Name of Agent Designated to Receive Notification of Claimed Infringement: Judy Sakonchick

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):
33 Lonetown Road Redding, CT 06896

Telephone Number of Designated Agent: 203.938.2519

Facsimile Number of Designated Agent: 203.938-3251

Email Address of Designated Agent: jsakonchick@reddingsps.org

Signature of Officer or Representative of the Designating Service Provider: _____ Date: 10/7/08

Type or Print Name and Title: Judy Sakonchick Media Specialist

SCANNED 10/23-2008

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



RECEIVED

OCT 19 2008
COPYRIGHT OFFICE