

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

Full Legal Name of Service Provider: Upper Peninsula Region
of Library Cooperation

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

Address of Service Provider: 1615 Presque Isle Avenue
Marquette, MI 49855

Name of Agent Designated to Receive
Notification of Claimed Infringement: Shawn Andary

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):

1615 Presque Isle Ave., Marquette, MI. 49855

Telephone Number of Designated Agent: (906) 228-7697

Facsimile Number of Designated Agent: (906) 228-5627

Email Address of Designated Agent: sandary@uproc.lib.mi.us

Signature of Officer or Representative of the Designating Service Provider:

Date: 7-26-99

Typed or Printed Name and Title:

SUZANNE DEES Treasurer

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

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