

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

Full Legal Name of Service Provider: WACO INDEPENDENT SCHOOL DISTRICT

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

Address of Service Provider: 501 FRANKLIN AVENUE, WACO, TX 76701

Name of Agent Designated to Receive Notification of Claimed Infringement: DR. BONNY CAIN - Superintendent

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): 501 FRANKLIN AVENUE, WACO, TX 76701

Telephone Number of Designated Agent: 254.755.9473

Facsimile Number of Designated Agent: 254.755.9658

Email Address of Designated Agent: bonny.cain@wacoisd.org

 Representative of the Designating Service Provider: _____
Date: August 3, 2012

Typed or Printed Name and Title: DR. BONNY CAIN

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

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

SCANNED

AUG 31 2016

Received

AUG 11 2016

Copyright Office

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