

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

Full Legal Name of Service Provider: WARNER BAIRD DISTRICT LIBRARY

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

Address of Service Provider: 123 E. EXCHANGE ST. SPRING LAKE MI 49456

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** CLAIRE SHERIDAN

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):

123 E. EXCHANGE ST. SPRING LAKE MI 49456

Telephone Number of Designated Agent: 616-846-5770

Facsimile Number of Designated Agent: 616-844-2129

Email Address of Designated Agent: splcs@lakeland.lib.mi.us

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 4/13/99

Typed or Printed Name and Title: MELISSA RICHTER, SECRETARY

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

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RECEIVED

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