

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

Full Legal Name of Service Provider: LAKESIDE SCHOOL

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

Address of Service Provider: 14050 First Avenue NE; Seattle, WA 98125

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Mr. Michael Asbridge

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):
 SAME

Telephone Number of Designated Agent: (206) 368-3600

Facsimile Number of Designated Agent: (206) 368-3838

Email Address of Designated Agent: michael_asbridge@lakeside.sea.wa.us

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11-20-98

Typed or Printed Name and Title: Peter Hodges, Ed.D.; Director of Educational Programs

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

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