

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

Full Legal Name of Service Provider: Lake Odessa Community Library

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

Address of Service Provider: 1007 Fourth Avenue, Lake Odessa MI 48849

Name of Agent Designated to Receive
Notification of Claimed Infringement: Connie Teachworth

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):

1007 Fourth Avenue Lake Odessa, MI 48849

Telephone Number of Designated Agent: 616-374-4591

Facsimile Number of Designated Agent: 616-374-3054

Email Address of Designated Agent: lkocmt@llcoop.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 01-11-2005

Typed or Printed Name and Title: Connie Teachworth-Library Director

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

FEB 01 2005

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