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

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Full Legal Name of Service Provider: Lyon Township Public Library

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

Address of Service Provider: P.O. Box 326 27005 S. Milford Road

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Lyn L. MacEachron

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):

P.O. Box 326 27005 S. Milford Road New Hudson MI 48165-0326

Telephone Number of Designated Agent: (248) 437-8800

Facsimile Number of Designated Agent: (248) 437-4621

Email Address of Designated Agent: l1mac@tln.lib.mi.us

Signature of Officer or Representative of the Designating Service Provider:

Date: 2/16/99

Typed or Printed Name and Title: Lyn L MacEachron, Director

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

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