

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: MARIN COUNTY FREE LIBRARY

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

Address of Service Provider: 3501 CIVIC CENTER DR.
SAN RAFAEL, CA. 94903

Name of Agent Designated to Receive Notification of Claimed Infringement: ELIZABETH FLYNN,
SENIOR LIBRARIAN, TECHNICAL SERVICES MANAGER

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):

6 HAMILTON LANDING, STE. 140B
NOVATO, CA. 94949

Telephone Number of Designated Agent: 415.506.3157

Facsimile Number of Designated Agent: 415.506.3156

Email Address of Designated Agent: lflynn@co.marin.ca.us

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 8/20/04

Typed or Printed Name and Title: GAIL HAAR
DEPUTY DIRECTOR OF COUNTY LIBRARY SERVICES

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



RECEIVED

AUG 30 2004

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