

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

**Full Legal Name of Service Provider:** MEDFORD AREA PUBLIC SCHOOLS

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

**Address of Service Provider:** 124 W. STATE STREET, MEDFORD, WI 54451

**Name of Agent Designated to Receive Notification of Claimed Infringement:** DENNIS HINDERLITER

**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):  
DENNIS HINDERLITER, TECHNOLOGY ENGINEER, MEDFORD AREA PUBLIC SCHOOLS,  
1015 W. BROADWAY STREET, MEDFORD, WI 54451

**Telephone Number of Designated Agent:** 715-748-5951

**Facsimile Number of Designated Agent:** 715-748-6438

**Email Address of Designated Agent:** edmhind@medford.k12.wi.us

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 10/08/02

**Typed or Printed Name and Title:** Dennis Hinderliter, Technology Engineer

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

**RECEIVED**  
OCT 28 2002  
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