

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

Full Legal Name of Service Provider: Michigan Library Consortium

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

Address of Service Provider: 6810 South Cedar Street Suite 8, Lansing MI 48911

Name of Agent Designated to Receive Notification of Claimed Infringement: Mark Szidik

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):
6810 South Cedar Street Suite 8
Lansing, MI 48911-6909

Telephone Number of Designated Agent: 517.694.4242

Facsimile Number of Designated Agent: 517.694.9303

Email Address of Designated Agent: szidikm@mlc.lib.mi.us

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1999-01-21

Typed or Printed Name and Title: System Administrator

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

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