

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

**Full Legal Name of Service Provider:** Massapequa Union Free School District

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Massapequa Schools, Massapequa Public Schools, Massapequa School District

**Address of Service Provider:** 4925 Merrick Rd., Massapequa, NY 11758

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Mr. Robert Schilling

**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):  
4925 Merrick Rd., Massapequa, NY 11758

**Telephone Number of Designated Agent:** 516-797-6172

**Facsimile Number of Designated Agent:** 516-797-6077

**Email Address of Designated Agent:** rschilling@msd.k12.ny.us

**Signature of Representative of the Designating Service Provider:**

**Date:** 1/6/03

**Typed or Printed Name and Title:** Mr. Robert Schilling, Executive Director  
for Administration & Human Resources

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

**RECEIVED**

**JAN 17 2003**

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