

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Monroe County Library System

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

Address of Service Provider: 3700 S. Custer, Monroe, MI 48161

Name of Agent Designated to Receive Notification of Claimed Infringement: Kip DeGroot

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): 3700 S. Custer, Monroe, MI 48161

Telephone Number of Designated Agent: 734 241-5277 x230

Facsimile Number of Designated Agent: 734 241-4722

Email Address of Designated Agent: kip@monroe.lib.mi.us

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1-5-99

Typed or Printed Name and Title: Kip DeGroot, Head of Technology

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

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