

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

Full Legal Name of Service Provider: Valley Library Consortium

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

Address of Service Provider: 3210 Davenport Avenue, Saginaw, MI 48602

Name of Agent Designated to Receive Notification of Claimed Infringement: Karl Steiner

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):

3210 Davenport Ave., Saginaw, MI 48602

Telephone Number of Designated Agent: 517.497.0930

Facsimile Number of Designated Agent: 517.497.0918

Email Address of Designated Agent: ksteiner@vlc.lib.mi.us

Signature of Officer or Representative of the Designating Service Provider:

_____ Date: March 9, 1999

Typed or Printed Name and Title: Karl Steiner
Executive Director

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

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