

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

Full Legal Name of Service Provider: _____
School District of the City of Clawson

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

Address of Service Provider: _____ 626 Phillips, Clawson, Michigan 48017

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** _____ Mary Gholz

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): _____
626 Phillips, Clawson, Michigan 48017

Telephone Number of Designated Agent: _____ 248.435.5525 ext 226

Facsimile Number of Designated Agent: _____ 248.435.9497

Email Address of Designated Agent: _____ mary.gholz@moa.net

Signature of Officer or Representative of the Designating Service Provider: _____
Date: _____ April 12, 1999

Typed or Printed Name and Title: _____ Mary Gholz, Librarian

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

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