

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

Full Legal Name of Service Provider: Shreve Memorial Library

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

Address of Service Provider: 424 Texas Street Shreveport LA 71101

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Grace Simmons

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):
424 Texas Street, Shreveport, LA 71101

Telephone Number of Designated Agent: 318-226-4975

Facsimile Number of Designated Agent: 318-226-4975

Email Address of Designated Agent: gsimmons@smlnet.sml.lib.la.us

Signature of Officer, or Representative of the Designating Service Provider:

Date: November 28, 2000

Typed or Printed Name and Title: Grace Simmons, Coordinator of Technical Services

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

RECEIVED

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