

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

Full Legal Name of Service Provider: Suffolk Cooperative Library System

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

Address of Service Provider: 627 No. Sunrise Service Rd. Bellport, NY 11713

Name of Agent Designated to Receive Notification of Claimed Infringement: Gerald Nichols

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):

Suffolk Cooperative Library System

627 North Sunrise Service Rd.

Bellport, NY 11713

Telephone Number of Designated Agent: (631) 286-1600

Facsimile Number of Designated Agent: (631) 286-1647

Email Address of Designated Agent: Jerry@suffolk.lib.ny.us

Signature of Officer or Representative of the Designating Service Provider:

Date: 9/28/00

Typed or Printed Name and Title: Gerald D. Nichols, Director

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

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RECEIVED

OCT 06 2000

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