

RECEIVED

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

APR 26 1999

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APR. 26. 1999

Full Legal Name of Service Provider: White Lake Township Library

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

Address of Service Provider: 7527 E. Highland Rd., White Lake, Michigan 48383

Name of Agent Designated to Receive
Notification of Claimed Infringement: Silvia A. Makowski, Director

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):

c/o White Lake Township Library, 7527 E. Highland Rd.,
White Lake, Michigan 48383

Telephone Number of Designated Agent: 1-248-698-4942

Facsimile Number of Designated Agent: 1-248-698-2550

Email Address of Designated Agent: makowski@tln.lib.mi.us

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

Date: Apr. 15, 1999

Typed or Printed Name and Title: Silvia A. Makowski, Director

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

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