

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

Full Legal Name of Service Provider: Woodlands Library Cooperative

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

Address of Service Provider: 415 S. Superior St., Ste. A, Albion MI
49224-2135

Name of Agent Designated to Receive Notification of Claimed Infringement: James C. Seidl

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):
415 S. Superior St., Ste. A, Albion MI 49224-2135

Telephone Number of Designated Agent: (517) 629-9469

Facsimile Number of Designated Agent: (517) 629-3812

Email Address of Designated Agent: jseidl@monroe.lib.mi.us

Signature of Officer or Representative of the Designating Service Provider:
_____ **Date:** January 5, 1999

Typed or Printed Name and Title: James C. Seidl, Director

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

Register of Copyrights
Copyright GC/I&R
P.O. Box 70400
Southwest Station
Washington DC 20024

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