

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

Full Legal Name of Service Provider: Douglas County Public Library

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

Address of Service Provider: 1625 Library Lane, Minden, NV

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Linda L. Deacy

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):
1625 Library Lane, Minden, NV 89423

Telephone Number of Designated Agent: 775-782-9841

Facsimile Number of Designated Agent: 775-782-6766

Email Address of Designated Agent: ldeacy@douglas.lib.nv.us

Signature of Officer or Representative of the Designating Service Provider:
_____ **Date:** 4/15/1999

Typed or Printed Name and Title: Linda L. Deacy, Library Director

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

RECEIVED

MAY 10 1999

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