

Interim Designation of Agent to Receive Notification
of Claimed Infringement

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

Address of Service Provider: 530 PONTIAC ROAD P.O. BOX 538
OXFORD MI 48371

Name of Agent Designated to Receive Notification of Claimed Infringement: CHARLYNN OSBORNE

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):
530 PONTIAC RD
P.O. BOX 538
OXFORD MI 48371

Telephone Number of Designated Agent: 248-628-3334

Facsimile Number of Designated Agent: 248-628-5028

Email Address of Designated Agent: cosborne@oxford.lib.mi.us

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 2-5-99

Typed or Printed Name and Title: JUDITH ANN DOBLESTEIN DIRECTOR

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

