

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Library Cooperative of Macomb

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

Address of Service Provider: 16480 Hall Road, Clinton Township, MI 48038

Name of Agent Designated to Receive Notification of Claimed Infringement: Tammy L. Turgeon

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):

~~16480 Hall Road Clinton Township, MI 48038~~

Telephone Number of Designated Agent: (810) 286-5750

Facsimile Number of Designated Agent: (810) 286-8951

Email Address of Designated Agent: turgeon@lcm.macomb.lib.mi.us

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

Date: 1/21/99

Typed or Printed Name and Title: Tammy L. Turgeon, Acting 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

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