

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

Full Legal Name of Service Provider: Califa Library Group

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

Address of Service Provider: _____

Name of Agent Designated to Receive Notification of Claimed Infringement: Susan Kantor-Horning

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):

32 W. 25th Avenue, Suite 201
San Mateo, CA 94403

Telephone Number of Designated Agent: 650-349-5538 x3054

Facsimile Number of Designated Agent: 650-349-5089

Email Address of Designated Agent: skantor@califa.org

Signature of Officer or Representative of the Designating Service Provider:

Date: 9/22/08

Typed or Printed Name and Title: Susan Kantor-Horning
Operations Manager

SCANNED - 0 / 14 - 2008

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

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