

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

**Full Legal Name of Service Provider:** \_\_\_\_\_  
Cypress-Fairbanks Independent School District

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_  
Cy-Fair I.S.D.

**Address of Service Provider:** \_\_\_\_\_  
10300 Jones Rd. Houston, Texas 77065-4208

**Name of Agent Designated to Receive Notification of Claimed Infringement:** \_\_\_\_\_  
Harold R. Rowe

**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):  
\_\_\_\_\_ 10300 Jones Rd., Houston, Texas 77065-4208

**Telephone Number of Designated Agent:** \_\_\_\_\_  
281-897-4093

**Facsimile Number of Designated Agent:** \_\_\_\_\_  
281-517-2114

**Email Address of Designated Agent:** \_\_\_\_\_  
harold.rowe@cfisd.net

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 12/7/04

**Typed or Printed Name and Title:** \_\_\_\_\_  
Harold R. Rowe  
Associate Superintendent, Technology & School Services

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.**

SCANNED 2 / 1 1 / 0 5

143991196



143991196

RECEIVED

JAN 04 2005

COPYRIGHT OFFICE