

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

**Full Legal Name of Service Provider:** Indian Trails Public Library District

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

**Address of Service Provider:** 355 S. Schoenbeck Road, Wheeling, Illinois 60090

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Tamiye Meehan

**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):  
Indian Trails Public Library District, 355 S. Schoenbeck Road, Wheeling, Illinois 60090

**Telephone Number of Designated Agent:** (847) 459-4100

**Facsimile Number of Designated Agent:** (847) 459-4760

**Email Address of Designated Agent:** tmeehan@itpld.lib.il.us

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 3/30/99

**Typed or Printed Name and Title:** Tamiye Meehan, Director

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

**RECEIVED**

**APR 2 1999**

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