

**INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION  
OF CLAIMED INFRINGEMENT**

**Note:** This Interim Designation must be accompanied by a \$30 filing fee made payable to the *Register of Copyrights*. Please mail this form to: Copyright GC/I&R, P.O. Box 70400, Southwest Station, Washington, D.C. 20024

**Full Legal Name of Service Provider:** Ionia County Intermediate School District

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** None

**Address of Service Provider:** 2191 Harwood Road  
Ionia MI 48846

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

Michael A Keast, Deputy Superintendent

**Full Address of Designated Agent to which Notification Should be Sent:**

(Please ensure you are using a street address and not a PO Box when including the address of your Copyright Agent)

2191 Harwood Road

Ionia MI 48846

**Telephone Number of Designated Agent:** 616-527-4900 ext: 1400

**Facsimile Number of Designated Agent:** 616-527-4731

**Email Address of Designated Agent:** mkeast@ionia-isd.k12.mi.us

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

Date: 06.20.2003

**Typed/Printed Name and Title:** Name: Michael A. Keast

Title: Deputy Superintendent

**RECEIVED**

SEP 22 2003

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