

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

Full Legal Name of Service Provider: Taylor County Government

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

Address of Service Provider: 224 S. 2nd St Medford, WI 54451

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael Lambrecht

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): 224 S. 2nd St Medford, WI 54451

Telephone Number of Designated Agent: 715-748-1464

Facsimile Number of Designated Agent: 715-748-1415

Email Address of Designated Agent: Lambrecht@co.taylor.wi.us

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/4/02

Typed or Printed Name and Title: Michael Lambrecht
HR Mgr

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

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