

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

**Full Legal Name of Service Provider:** Marshall County Schools

**Alternative Name(s) of Service Provider (including all names under which the service  
provider is doing business):** Marshall County's Promise  
West Virginia PASS

**Address of Service Provider:** 2700 Fourth Street - Moundsville, WV 26041

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

**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):** 2700 Fourth Street - Moundsville, WV 26041

**Telephone Number of Designated Agent:** 304-843-4400 x-322

**Facsimile Number of Designated Agent:** 815-550-5462

**Email Address of Designated Agent:** bburrall@access.k12.wv.us

**Signature of ~~Officer~~ or Representative of the Designating Service Provider:**  
Date: 4-7-03

**Typed or Printed Name and Title:** Bill Burrall, Coordinator of Instructional Technology

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

**RECEIVED**

JUN 09 2003

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