

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

**Full Legal Name of Service Provider:** Washington State Library

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

**Address of Service Provider:** 415 15th Avenue SW, Olympia, WA 98504-2460

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

**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):

415 15th Avenue SW  
Olympia, Washington 98504-2460

**Telephone Number of Designated Agent:** (360) 753-2915

**Facsimile Number of Designated Agent:** (360) 586-7575

**Email Address of Designated Agent:** nzussy@statelib.wa.gov

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** 5-7-99

**Typed or Printed Name and Title:** Nancy Zussy  
State Librarian

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

**RECEIVED**

**JUN 22 1999**

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