

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

Full Legal Name of Service Provider: Davis Joint Unified School District

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

Address of Service Provider: 526 B Street, Davis Ca 95616

Name of Agent Designated to Receive Notification of Claimed Infringement: Tina Burkhardt

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): 526 B Street, Davis Ca 95616

Telephone Number of Designated Agent: 530-757-5385 ext. 116

Facsimile Number of Designated Agent: 530-758-3889

Email Address of Designated Agent: Support@ajusd.k12.ca.us

Signature of _____ Designating Service Provider:
Date: February 27, 2002

Typed or Printed Name and Title: Tahir Ahad
Deputy Superintendent, Business Services

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

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