

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

Full Legal Name of Service Provider: North Salem Central School District

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

Address of Service Provider: 230 June Road, North Salem NY 10560

Name of Agent Designated to Receive Notification of Claimed Infringement: Jane F. Rooney, District Clerk

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):

230 June Road, North Salem NY 10560
e-mail @ rooneyj@northsalem.k12.ny.us

Telephone Number of Designated Agent: (914) 669-5414

Facsimile Number of Designated Agent: (914) 669 8753

Email Address of Designated Agent: rooneyj@northsalem.k12.ny.us

Sig _____ representative of the Designating Service Provider:
Date: 1-13-03

Typed or Printed Name and Title: Debra Jackson, Ed. D.
Superintendent of Schools

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

RECEIVED

JAN 16 2003

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JANE F. ROONEY
DISTRICT CLERK
NORTH SALEM CSD
230 JUNE RD
NORTH SALEM, NY 10560