

Interim Designation of Agent to Receive Notification
of Claimed Infringement

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Full Legal Name of Service Provider: Auburn Hills Public Library

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

Address of Service Provider: 3400 East Seyburn Dr., Auburn Hills
Mich 48326

Name of Agent Designated to Receive Notification of Claimed Infringement: Cheryl DeCovich

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):
3400 East Seyburn Drive, Auburn Hills
Michigan 48326

Telephone Number of Designated Agent: 248-370-9432

Facsimile Number of Designated Agent: 248-370-9364

Email Address of Designated Agent: deacovich@tln.lib.mi.us

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1/20/99

Typed or Printed Name and Title: Hester A. Hull
Library Director

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

