

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

Full Legal Name of Service Provider: Amery Area Public Library

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

Address of Service Provider: 225 Scholl Ct., Amery WI 54001

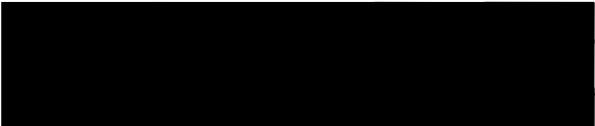
Name of Agent Designated to Receive Notification of Claimed Infringement: James Nalen

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):
225 Scholl Ct., Amery WI 54001

Telephone Number of Designated Agent: 715-268-9340

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: library@amerylibrary.org

 of the Designating Service Provider:
Date: 2/26/2016

Typed or Printed Name and Title: James E. Nalen, Director

**Note: This Interim Designation Must be Accompanied by a Filing Fee*
Made Payable to the Register of Copyrights.
*Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

250-00-55112-340-000
ACT 150 EXP OP.SUP.&EXP.

B105.00



**SCANNED
AUG 31 2016**

**Received
AUG 11 2016
Copyright Office**

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