

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

Full Legal Name of Service Provider: Arlington Heights Memorial Library

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

Address of Service Provider: 500 N. Dunton Ave. Arlington Heights, IL 60004

Name of Agent Designated to Receive Notification of Claimed Infringement: Brian Shepard

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):
500 N. Dunton Ave. Arlington Heights IL 60004

Telephone Number of Designated Agent: 847-392-0100

Facsimile Number of Designated Agent: 847-506-2650

Email Address of Designated Agent: bshepard@ahml.info

Signature of Officer or Representative of the Designating Service Provider:
[Redacted Signature] Date: 2/22/12

Typed or Printed Name and Title: Paula Moore, Executive 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:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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