

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

Full Legal Name of Service Provider: Cooperative Educational Service Agency 10

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

Address of Service Provider: 725 West Park Avenue Chippewa Falls, WI 54729

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Michael Haynes

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):
725 West Park Avenue Chippewa Falls, WI 54729

Telephone Number of Designated Agent: 715-720-2079

Facsimile Number of Designated Agent: 715-720-2070

Email Address of Designated Agent: copyright@cesa10.k12.wi.us

_____ Representative of the Designating Service Provider:
_____ Date: 1/2/14

Typed or Printed Name and Title: Michael Haynes, Administrator

**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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