

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

**Full Legal Name of Service Provider:** Independent School District 196

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

**Address of Service Provider:** 14445 Diamond Path West, Rosemount, MN 55068

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Tom Voigt

**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):  
14445 Diamond Path West, Rosemount, MN 55068

**Telephone Number of Designated Agent:** (651) 423-7797

**Facsimile Number of Designated Agent:** (651) 423-7787

**Email Address of Designated Agent:** tom.voigt@district196.org

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 11 Feb 2003

**Typed or Printed Name and Title:** Tom Voigt, Information Systems Coordinator

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



**RECEIVED**  
FEB 28 2003  
**COPYRIGHT OFFICE**