

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

Full Legal Name of Service Provider: Lyons Township High School District 204

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

Address of Service Provider: 100 S. Brainard Avenue, La Grange, IL 60525

Name of Agent Designated to Receive Notification of Claimed Infringement: Scott D. Eggerding

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):
100 S. Brainard Avenue, La Grange, IL 60525

Telephone Number of Designated Agent: 708-579-6506

Facsimile Number of Designated Agent: 708-579-6036

Email Address of Designated Agent: seggerding@lths.net

 **Signature of the Designating Service Provider:** _____
Date: January 26, 2016

Scott D. Eggerding, Director of Curriculum and Instruction

**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**

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