

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: West Central School District 49-7

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

Address of Service Provider: 705 E. 2nd St., Hartford, SD 57033

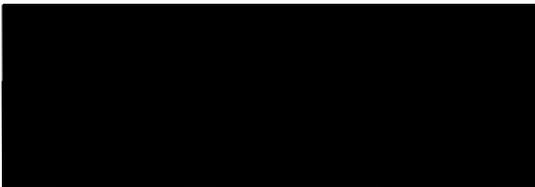
Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Jeff Danielsen

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):
705 E. 2nd St., Hartford, SD 57033

Telephone Number of Designated Agent: 605-528-3217 ext. 1001

Facsimile Number of Designated Agent: 605-528-3219

Email Address of Designated Agent: Jeff.Danielsen@k12.sd.us



Signature of the Designating Service Provider: _____
Date: 6-9-15

Dr. Jeff Danielsen, Superintendent of Schools

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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