

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

Full Legal Name of Service Provider: Albion College

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

Address of Service Provider: 611 E. Porter St., Albion, MI 49224

Name of Agent Designated to Receive Notification of Claimed Infringement: Dale R. Dopp

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):

same as above

Telephone Number of Designated Agent: 517-629-0215

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: ddopp@albion.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: _____

Signature of Officer or Representative of the Designating Service Provider: _____
Date: Aug 19, 2003

Typed or Printed Name and Title: Dale R. Dopp, Vice President
for Finance and Management

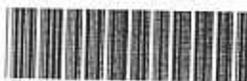
Note: This Amended Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

AUG 25 2003

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