

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

**Full Legal Name of Service Provider:** Community College District No. 19 d/b/a  
Columbia Basin College

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

**Address of Service Provider:** 2600 N. 20th Avenue, Pasco, WA 99301

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Brian Dexter, Information Services Director

**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):  
2600 N. 20th Avenue, Pasco, WA 99301 Attn: Brian Dexter (Mailstop T3)

**Telephone Number of Designated Agent:** (509) 542-4727

**Facsimile Number of Designated Agent:** (509) 544-2029

**Email Address of Designated Agent:** bdexter@columbiabasin.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
 **Date:** 10/1/10

**Typed or Printed Name and Title:** William Saraceno, Senior Vice President for Administration

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

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