

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

Full Legal Name of Service Provider: The Evergreen State College Library

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

Address of Service Provider: L2300, Olympia, WA 98505

Name of Agent Designated to Receive Notification of Claimed Infringement: Tim Markus

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):
The Evergreen State College Library, L2300B, Olympia, WA 98505

Telephone Number of Designated Agent: (360)866-6000 X6124

Facsimile Number of Designated Agent: (360) 866-6790

Email Address of Designated Agent: markust@elwha.evergreen.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1/28/99

Typed or Printed Name and Title: Head of Cataloging, The Evergreen State College Library

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

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