

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

Full Legal Name of Service Provider: Florence Darlington Technical College

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

Address of Service Provider: 2715 W. Lucas Street, Florence, SC 29501

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jeronell White Bradley

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):
2715 W. Lucas Street
Florence, Sc 29501

Telephone Number of Designated Agent: 843-661-8032

Facsimile Number of Designated Agent: 843-661-8266

Email Address of Designated Agent: _____

Signature of Officer or Representative of the Designating Service Provider:

Date: 11-10-99

Typed or Printed Name and Title: Jeronell White Bradley, Library Director

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

RECEIVED

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