

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

Full Legal Name of Service Provider: Haverford College

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

Address of Service Provider: 370 Lancaster Avenue, Haverford, Pa. 19041

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Matthew Nocifore

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):
Attn: Copyright-Abuse, Networking & Systems, Haverford College, Haverford, Pa. 19041

Telephone Number of Designated Agent: 610-896-1045 x4903

Facsimile Number of Designated Agent: 610-896-1429

Email Address of Designated Agent: copyright-abuse@haverford.edu

Signature of Offi. _____ Representative of the Designating Service Provider:
Date: 5/6/2003

Typed or Printed Name and Title: Matthew Nocifore, Director Networking

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

RECEIVED

MAY 27 2003

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