

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

Full Legal Name of Service Provider: Herkimer County Community College

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

Address of Service Provider: 100 Reservoir Rd Herkimer, NY 13350

Name of Agent Designated to Receive Notification of Claimed Infringement: Mr. Michael Coyle

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):

Herkimer County Community College
100 Reservoir Rd
Herkimer, NY 13350

Telephone Number of Designated Agent: (315)866-0300 ext. 205

Facsimile Number of Designated Agent: (315)866-7253

Email Address of Designated Agent: mccoyle@hccc.suny.edu

Signature of the Designating Service Provider: _____

Date: June 28, 1999

Typed or Printed Name and Title: Mr. Michael Coyle, Associate Dean for
for Information Services

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

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