

Interim Designation of Agent to Receive Notification
of Claimed Infringement

RECEIVED

NOV 30 1999

Full Legal Name of Service Provider: Madison Area Technical College

COPYRIGHT OFFICE

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

Address of Service Provider: 3550 Anderson Street, Madison, WI 53704

Name of Agent Designated to Receive Notification of Claimed Infringement: Janet Kelly, Manager Marketing and Public Relations

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):

Madison Area Technical College, 3550 Anderson Street, Madison, WI 53704

Telephone Number of Designated Agent: 608-246-6127

Facsimile Number of Designated Agent: 608-246-6783

Email Address of Designated Agent: jkelly@madison.tec.wi.us

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 11/17/99

Typed or Printed Name and Title: Janet Kelly, Manager
Institutional Marketing and Public Relations

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

108143370



108143370