

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

**Full Legal Name of Service Provider:** McDaniel College

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

**Address of Service Provider:** 2 College Hill, Westminster, MD 21157

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Dr. Ethan A. Seidel

**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):**  
2 College Hill, Westminster, MD 21157

**Telephone Number of Designated Agent:** 410-857-2200

**Facsimile Number of Designated Agent:** 410-857-2449

**Email Address of Designated Agent:** eseidel@mcDaniel.edu

**Signature of \_\_\_\_\_ of the Designating Service Provider:**  
Date: October 18, 2002

**Typed or Printed Name and Title:** Dr. Ethan A. Seidel, Vice President,  
Administration and Finance, McDaniel College

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

**RECEIVED**

OCT 28 2002

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