

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

Full Legal Name of Service Provider: Mount Holyoke College

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

Address of Service Provider: 50 College Street, South Hadley, MA 01075

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael A. Crowley

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):
216 Dwight Hall, Mount Holyoke College, South Hadley, MA 01075

Telephone Number of Designated Agent: 413-538-2140

Facsimile Number of Designated Agent: 413-538-2331

Email Address of Designated Agent: abuse-dmca@mtholyoke.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 22Jul03

Typed or Printed Name and Title: Michael A. Crowley, Director of Networking

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

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