

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

**Full Legal Name of Service Provider:** Mount Union College

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

**Address of Service Provider:** 1972 Clark Avenue, Alliance, OH 44601

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** David R. Smith

**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):  
1972 Clark Avenue / Alliance, OH 44601

**Telephone Number of Designated Agent:** (330) 829-8706

**Facsimile Number of Designated Agent:** (330) 823-2858

**Email Address of Designated Agent:** smithdr@muc.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** January 22, 2003

**Typed or Printed Name and Title:** Franklin E. Patterson  
Director of Information Technology

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

**RECEIVED**

FEB 03 2003

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