

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

Full Legal Name of Service Provider: Reed College

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

Address of Service Provider: 3203 SE Woodstock Blvd. Portland, OR 97202

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Marianne Colgrove

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):
Computing & Information Services, Reed College, 3203 SE Woodstock
Portland, OR 97202

Telephone Number of Designated Agent: 503/777-7792

Facsimile Number of Designated Agent: 503/777-7778

Email Address of Designated Agent: mcolgrove@reed.edu

Signature of Officer or Representative of the Designating Service Provider:
_____ **Date:** December 6, 1999

Typed or Printed Name and Title: Martin Ringle, Director, Computing &
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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