

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

Full Legal Name of Service Provider: Rogue Community College

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

Address of Service Provider: 3345 Redwood Highway, Grants Pass, OR 97527

Name of Agent Designated to Receive Notification of Claimed Infringement: Lynda Kettler

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):
3345 Redwood Highway, Grants Pass, OR 97527

Telephone Number of Designated Agent: 541 956-7152

Facsimile Number of Designated Agent: 541 956-7152 471-3588

Email Address of Designated Agent: lkettler@roguecc.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: October 22, 2008

Typed or Printed Name and Title: Lynda Warren, Chief Financial Officer
LYNDA WARREN

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

SCANNED 11 14 2008

OCT 28 2008
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