

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

**Full Legal Name of Service Provider** \_\_\_\_\_ Siskiyou Joint Community  
College District

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

**Address of Service Provider:** 800 College Ave., Weed, CA 96094

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Michael Midkiff

**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):  
800 College Ave., Weed, CA 96094

**Telephone Number of Designated Agent:** (530) 938-5222

**Facsimile Number of Designated Agent:** \_\_\_\_\_

**Email Address of Designated Agent:** copyright@siskiyous.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing  
Date, so that it may be Readily Located in the Directory Maintained by the Copyright  
Office: College of the Siskiyous, completed Jan. 21, 1999, filed by the Copyright Office Feb. 2, 1999

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_

**Date:** 12/20/10

**Typed or Printed Name and Title:** Michael Midkiff, Director of IT, College of the Siskiyous

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

\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)

Mail the form to:  
Copyright GC/RRP  
P.O. Box 71537  
Washington, DC 20024

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