

04-11-2006

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

**Full Legal Name of Service Provider:** South Texas College

**Alternative Name(s) of Service Provider (including all names under which  
the service provider is doing business):** South Texas Community College;  
STC; STCC

**Address of Service Provider:** P.O. Box 9701, McAllen, TX 78502-9701

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Dr. Shirley Anne Reed, President

**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): 3201 West Pecan Blvd., McAllen, TX 78501

**Telephone Number of Designated Agent:** (956)872-8366

**Facsimile Number of Designated Agent:** (956)872-8368

**Email Address of Designated Agent:** yolandao@southtexascollege.edu

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

**Date:** 6/13/05

**Typed or Printed Name and Title:** Dr. Shirley A. Reed, President

**NOTE: This Interim Designation Must be Accompanied by a \$30.00 Filing Fee Made  
Payable to the Register of Copyrights.**

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SCANNED 04-11-2006

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