

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: SAINT MICHAEL'S COLLEGE

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

Address of Service Provider: 1 WINDOSKI PARK, COLCHESTER VT 05439

Name of Agent Designated to Receive Notification of Claimed Infringement: RICHARD MURPHY
WILSON ANDERSON

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):
Box C, ST. MICHAEL'S COLLEGE, ONE WINDOSKI PARK
COLCHESTER, VT. 05439

Telephone Number of Designated Agent: 802 654 2422 2233

Facsimile Number of Designated Agent: 802 654 2422

Email Address of Designated Agent: rmurphy@smcvt.edu
wanderson@smcvt.edu

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

Date: 9/1/05

Typed or Printed Name and Title: WILLIAM O. ANDERSON
CHIEF INFORMATION OFFICER

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

SCANNED 9/30/05

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RECEIVED

SEP 23 2005

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