

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

**Full Legal Name of Service Provider:** Technical College of the Lowcountry

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

**Address of Service Provider:** 921 Ribaut Rd., PO Box 1288, Beaufort, SC 29902

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Richard N. Shaw

**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):**  
Learning Resources Center, Technical College of the Lowcountry, 921 Ribaut Road, PO Box 1288, Beaufort, SC 29902

**Telephone Number of Designated Agent:** 843-525-8304

**Facsimile Number of Designated Agent:** 843-525-8237

**Email Address of Designated Agent:** RSHAW@TCL.TEC.SC.US

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** January 20, 1999

**Typed or Printed Name and Title:** Richard N. Shaw  
Director, Learning Resources Center

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**



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