

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

Full Legal Name of Service Provider: ADRIAN COLLEGE

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

Address of Service Provider: 110 S MADISON ST. ADRIAN, MI 49221

Name of Agent Designated to Receive Notification of Claimed Infringement: DAVID CRUSE

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):

ADRIAN COLLEGE
110 S. MADISON ST.
ADRIAN, MICHIGAN 49221

Telephone Number of Designated Agent: (517) 265-5161

Facsimile Number of Designated Agent: (517) 264-3748

Email Address of Designated Agent: dcruse@adrian.edu

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

Date: 2-21-01

Typed or Printed Name and Title: Dr. James Borland, Vice President & Dean
for Academic Affairs

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

RECEIVED

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