

Amended

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

Full Legal Name of Service Provider: ALBION COLLEGE

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

Address of Service Provider: 611 EAST PORTER STREET, ALBION, MICHIGAN 49224

Name of Agent Designated to Receive Notification of Claimed Infringement: DR. JOHN KONDELIK

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):
SAME AS ABOVE

Telephone Number of Designated Agent: (517) 629-0567

Facsimile Number of Designated Agent: (517) 629-0504

Email Address of Designated Agent: jkondelik@albion.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:

Signature of Officer or Representative of the Designating Service Provider: _____
Date: AUGUST 13, 2009

Typed or Printed Name and Title: DR. JOHN KONDELIK, DIRECTOR OF LIBRARIES

SCANNED 09-03-2009

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

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

