

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

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**Full Legal Name of Service Provider:** Amherst College Library

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

**Address of Service Provider:** Rte 9 and Rte 116, Amherst, MA 01002

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Susan Edelberg

**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 2256, Amherst College Library, Amherst MA 01002

**Telephone Number of Designated Agent:** 413-542-2676

**Facsimile Number of Designated Agent:** 413-542-2662

**Email Address of Designated Agent:** seedelberg@amherst.edu

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

**Date:** 12/17/98

**Typed or Printed Name and Title:** Willis E. Bridegam, Librarian of the College

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

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