

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

**Full Legal Name of Service Provider:** Austin Community College

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

**Address of Service Provider:** 5930 Middle Fiskville Road, Austin Tx. 78752

**Name of Agent Designated to Receive Notification of Claimed Infringement:** W. Lee Hisle

**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):  
Associate Vice-President  
Learning Resource Services 1212 Rio Grande Austin Tx. 78701

**Telephone Number of Designated Agent:** (512) 223-3069

**Facsimile Number of Designated Agent:** (512) 223-3431

**Email Address of Designated Agent:** hisle @ austin.cc.tx.us

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** 12/8/98

**Typed or Printed Name and Title:** Dr. Ana M. "Cha" Guzman

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

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