

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

**Full Legal Name of Service Provider:** President and Trustees of Bates College

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

**Address of Service Provider:** 2 Andrews Road, Lewiston, ME 04240

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Rebecca S. Albitz

**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):  
48 Campus Avenue  
Lewiston, ME 04240

**Telephone Number of Designated Agent:** (207) 786-6270

**Facsimile Number of Designated Agent:** (207) 786-6055

**Email Address of Designated Agent:** ralbitz@bates.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: President and Trustees of Bates College, August 12, 2003

 **Signature of the Designating Service Provider:** \_\_\_\_\_  
Date: 4/27/15

**Typed or Printed Name and Title:** Geoffrey Swift  
Vice President for Finance and Administration and Treasurer

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](http://www.copyright.gov/docs/fees.html)

Mail the form to:  
**U.S. Copyright Office, Designated Agents**  
**P.O. Box 71537**  
**Washington, DC 20024-1537**

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