

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

**Full Legal Name of Service Provider:** El Centro College

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

**Address of Service Provider:** 801 Main Street, Dallas, TX 75202

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Robert Wendland

**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):  
1601 South Lamar Street, Dallas, TX 75215

**Telephone Number of Designated Agent:** (214) 378-1703

**Facsimile Number of Designated Agent:** (214) 378-1730

**\_\_\_\_\_** RWendland@dcccd.edu  
**\_\_\_\_\_** of the Designating Service Provider:  
**\_\_\_\_\_** Date: 3/25/2014

**Typed or Printed Name and Title:** Robert Wendland  
General Counsel

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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\*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)**

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