

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

**Full Legal Name of Service Provider:** Emmanuel College

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

**Address of Service Provider:** 400 The Fenway, Boston, MA 02115

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Shauna Delano

**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):  
Emmanuel College, 400 The Fenway, Boston, MA 02115

**Telephone Number of Designated Agent:** 617-264-7609

**Facsimile Number of Designated Agent:** 617-735-9783

**Email Address of Designated Agent:** dmca@emmanuel.edu

**Signature** \_\_\_\_\_ **Representative of the Designating Service Provider:**  
Date: 1/29/14

**Typed or Printed Name and Title:** Sr. Anne M. Donovan, Treasurer

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