Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: HOOD COLLEGE

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

Address of Service Provider: 401 ROSEMONT AVE FREDERICK MD 21701

Name of Agent Designated to Receive Notification of Claimed Infringement: MICHAEL PASQUERETTE

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):
HOOD COLLEGE, 401 ROSEMONT AVE, FREDERICK MD 21701

Telephone Number of Designated Agent: (301) 696 - 3726

Facsimile Number of Designated Agent: (301) 696 - 3913

Email Address of Designated Agent: mpasquerette@hood.edu

[redacted] f the Designating Service Provider:
Date: 12 July 2010

Typed or Printed Name and Title: CORNELIUS R. FAY III
Chief Technology Officer

Scanned
JUL 30 2010

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**

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