

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

Full Legal Name of Service Provider: Manchester College

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

Address of Service Provider: 604 E College Ave North Manchester IN 46962

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael Case

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):

604 E College Ave
North Manchester IN 46962

Telephone Number of Designated Agent: 260-982-5431

Facsimile Number of Designated Agent: 260-982-5416

Email Address of Designated Agent: mcase@manchester.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: Manchester College, Received by Copyright Department on 3/17/99

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 4/3/06

Typed or Printed Name and Title: Michael Case, Director of Information Technology Services

Note: This Amended Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

15216577.



SCANNED 05 04 - 2006

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