

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

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Full Legal Name of Service Provider: Scripps College

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

Address of Service Provider: 1030 Columbia Avenue

Name of Agent Designated to Receive Notification of Claimed Infringement: Nancy Parker

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):
Scripps College, Information Technology, 1030 Columbia Avenue, Claremont, CA 91711

Telephone Number of Designated Agent: 909/607-3406

Facsimile Number of Designated Agent: 909/607-7111

Email Address of Designated Agent: Nancy_Parker@ScrippsCollege.Edu

Signature of _____ _____ **e of the Designating Service Provider:**
_____ **Date:** 10/31/2001

Typed or Printed Name and Title: Nancy Parker, Director of Information Technology

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

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