

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

**Full Legal Name of Service Provider:** South Puget Sound Community College

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

**Address of Service Provider:** 2011 Mottman Rd. SW Olympia, WA. 98512

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Beth Hill

**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):  
South Puget Sound Community College Library 2011 Mottman Rd. SW Olympia, WA. 98512

**Telephone Number of Designated Agent:** 360-596-5416

**Facsimile Number of Designated Agent:** n/a

**Email Address of Designated Agent:** bhill@spscc.edu

 **Signature of the Designating Service Provider:** \_\_\_\_\_  
**Date:** September 8, 2014

**Typed or Printed Name and Title:** Beth Hill, Dean of Academic Support Services

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

**\*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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