

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

Full Legal Name of Service Provider: Saint Michael's College

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

Address of Service Provider: One Winooski Park, Colchester, VT 05439

Name of Agent Designated to Receive Notification of Claimed Infringement: Joann N Trotter

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):

One Winooski Park, Box C
Colchester, VT 05439

Telephone Number of Designated Agent: 802-654-2515

Facsimile Number of Designated Agent: 802-654-2442

Email Address of Designated Agent: ABUSE@SMCVT.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: Saint Michael's College, June 16, 2011

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 6/17/11

Typed or Printed Name and Title: William O Anderson
Chief Information Officer

Note: This Amended 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

Mail the form to:
Copyright I&R/Recordatio
P.O. Box 71537
Washington, DC 20024



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