

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

**Full Legal Name of Service Provider:** Southwestern Illinois College

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

**Address of Service Provider:** 2500 Carlyle Avenue, Belleville, IL 62221

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Dr James Riha

**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):  
Southwestern Illinois College / Office of Chief Information Officer / 2500 Carlyle Avenue / Belleville, IL 62221

**Telephone Number of Designated Agent:** 618-256-2700 x5691

**Facsimile Number of Designated Agent:** 618-236-0928

**Email Address of Designated Agent:** DMCAAgent@swic.edu



\_\_\_\_\_  
Signature of the Designating Service Provider:  
Date: 4/6/13

Dr James Riha, Chief Information Officer

**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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