

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

**Full Legal Name of Service Provider:** Whitman College

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

**Address of Service Provider:** 345 Boyer Avenue, Walla Walla, WA 99362

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Michael G. Osterman

**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):  
Whitman College  
345 Boyer Avenue, Walla Walla, WA 99362

**Telephone Number of Designated Agent:** 509-527-5419

**Facsimile Number of Designated Agent:** 509-527-4962

**Email Address of Designated Agent:** ostermmg@whitman.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: Whitman College, 12-18-1998

**Signature of Officer or Representative of the Designating Service Provider:**  **Date:** 8/1/11

**Typed or Printed Name and Title:** Peter Harvey  
Treasurer and Chief Financial 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](http://www.copyright.gov/docs/fees.html)

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



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