

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

Full Legal Name of Service Provider: York County Technical College

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

Address of Service Provider: 112 College Drive, Wells Maine 04090

Name of Agent Designated to Receive Notification of Claimed Infringement: Amber Tatnall

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):

112 College Drive, Wells, Maine 04090

Telephone Number of Designated Agent: 207.646.9282

Facsimile Number of Designated Agent: 207.641.2770

Email Address of Designated Agent: atatnall@yctc.net

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 1/22/03

Typed or Printed Name and Title: Amber Tatnall, Library Director

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

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FEB 03 2003

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