

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

Full Legal Name of Service Provider: Albion College

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

Address of Service Provider: 611 East Porter Street, Albion, Michigan 49224

Name of Agent Designated to Receive Notification of Claimed Infringement: Alice Wiley Moore

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):
Same as above

Telephone Number of Designated Agent: 517-629-0441

Facsimile Number of Designated Agent: 517-629-0504

Email Address of Designated Agent: amoore@albion.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: June 3, 2010

Typed or Printed Name and Title: Alice Wiley Moore, Access Services Librarian

**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**

Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



Received

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