Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):	
Address of Service Provider: 520 Main	Street, Meadville PA 16335
Name of Agent Designated to Receive Notification of Claimed Infringement:	Kathleen Kingston
Full Address of Designated Agent to white or similar designation is not acceptable except where it location):	is the only address that can be used in the geographic
Allegheny Colleg, Computi Meadville, PA 16335	ng Services, Murray Hall Box 16
Telephone Number of Designated Agent:	814-332-3368
Facsimile Number of Designated Agent:_	814-333-9699
Email Address of Designated Agent: <u>ka</u>	thleen.kingston@allegheny.edu
Date, so that it may be Readily Located in	the Directory Maintained by the Copyright n Fenton 11/4298 11/24/98
Signature of Cer Posser entative of the	ne Designating Service Provider: Date: 9/24/2003
Typed or Printed Name and Title:	MARCUS F. BUCKLEY DENT FOR FINANCE & ADMINISTRATION

RECEIVED

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