

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

**Full Legal Name of Service Provider:** Barton County Community College

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** none

**Address of Service Provider:** 245 NE 30 Road, Great Bend, KS 67530

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Carol Barta

**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):  
Barton County Community College Library, 245 NE 30 Road, Great Bend, KS 67530

**Telephone Number of Designated Agent:** 316.792.9364

**Facsimile Number of Designated Agent:** 316.792.3238

**Email Address of Designated Agent:** bartac@barton.cc.ks.us

~~Signature of Officer or Representative~~ **Signature of Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: \_\_\_\_\_

**Typed or Printed Name and Title:** Veldon L. Law, Ed.D., President

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

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**RECEIVED**

**JAN 11 1999**

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