

Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider:

Bellevue Community College

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

Address of Service Provider: 3000 Landerholm Circle SE, Bellevue WA 98007

Name of Agent Designated to Receive Notification of Claimed Infringement:
Myra Van Vactor

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):

3000 Landerholm Circle SE, Mail Stop D256, Bellevue WA 98007

Telephone Number of Designated Agent: (425) 649-3056

Facsimile Number of Designated Agent: (425) 562-6185

Email Address of Designated Agent: mvanvact@bcc.ctc.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:

**NO OTHER FILING
REC'D PER CO FILES**

Signature of Officer or Representative of the Designating Service Provider:

Date: _____

Typed or Printed Name and Title: Rich Henry, Dean of Information Resources

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



RECEIVED

JUN 7 1999

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