Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Leg	al Name of Service Provider: County College of Morris
	tive Name(s) of Service Provider (including all names under which the service is doing business): None
	is duling businessy.
Address	of Service Provider: 214 Center Grove Road, Randolph, NJ 07869-2086
	Agent Designated to Receive tion of Claimed Infringement: Dr. John Cohn, Director, SHMLRC
	dress of Designated Agent to which Notification Should be Sent (a P.O. Box lesignation is not acceptable except where it is the only address that can be used in the geographic 214 Center Grove Road, Randolph, NJ 07869-2086
Telepho	ne Number of Designated Agent: 973-328-5282
Facsimi	e Number of Designated Agent: 973-328-2370
Email A	ddress of Designated Agent: jcohn@ccm.edu
Signatur —	e of Officer or Representative of the Designating Service Provider: Date: 199
Typed o	Printed Name and Title: Dr. Cliff L. Wood
	Vice President of Academic Affairs

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



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