

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

**Full Legal Name of Service Provider:** Central Oregon Community College

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

**Address of Service Provider:** 2600 NW College Way, Bend, OR 97701

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Michael C. Peterson

**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):  
Central Oregon Community College, PIO110G, 2600 NW College Way, Bend, OR 97701

**Telephone Number of Designated Agent:** 541.383.7746

**Facsimile Number of Designated Agent:** 541.383.7535

**Email Address of Designated Agent:** mcpeterson@cocc.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: Central Oregon Community College (Bend), FEB 14 2005

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
Date: 8/5/2011

**Typed or Printed Name and Title:** Michael C. Peterson - Information Security Administrator

Note: This Amended 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](http://www.copyright.gov/docs/fees.html)

Mail the form to:  
**Copyright I&R/Recordation**  
P.O. Box 71537  
Washington, DC 20024



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FEB 24 2012  
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SEP 30 2011