

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

Full Legal Name of Service Provider: Dean College

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

Address of Service Provider: 99 Main Street, Franklin, MA 02038

Name of Agent Designated to Receive
Notification of Claimed Infringement: Charles M. O'Donnell

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):
Dean College 99 Main Street Franklin, MA 02038

Telephone Number of Designated Agent: (508) 541-1864

Facsimile Number of Designated Agent: (508) 541-1869

Email Address of Designated Agent: codonnell@dean.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: March 28, 2007

Typed or Printed Name and Title: Charles M. O'Donnell
Vice President and Chief Information Officer

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**

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SCANNED 05/01/07 - 2007

RECEIVED

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