

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

Full Legal Name of Service Provider: Dickinson College

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

Address of Service Provider: College and Louthers Streets, Carlisle, PA 17013

Name of Agent Designated to Receive
Notification of Claimed Infringement: Robert E. Renaud

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):
Robert E. Renaud, Vice President, Library and Information Services, Dickinson College
College and Louthers Streets,, Carlisle, PA 17013

Telephone Number of Designated Agent: 717-245-1072

Facsimile Number of Designated Agent: 717-245-1439

Email Address of Designated Agent: renaudr@dickinson.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: November 29, 2004

Typed or Printed Name and Title: Robert E. Renaud, Vice President, Library and Informa

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

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