

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

Full Legal Name of Service Provider: EMERSON COLLEGE Library

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

Address of Service Provider: 150 Beacon Street
Boston, MA 02116

Name of Agent Designated to Receive
Notification of Claimed Infringement: Mickey Zeman

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): _____

Telephone Number of Designated Agent: 617 824-8670

Facsimile Number of Designated Agent: 617 824-7817

Email Address of Designated Agent: ECL-MAZ@FLO.ORG

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 12/10/98

Typed or Printed Name and Title: MICKY ZEMAN
Library Director

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

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