

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

Full Legal Name of Service Provider: Hampden-Sydney College

Alternative Name(s) of Service Provider: _____

Address of Service Provider: College Road, Hampden-Sydney, Virginia 23943

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Mark A. Hoeting, Director of Computing

**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):**

P.O. Box 37, Hampden-Sydney College, Hampden-Sydney, VA 23943

Telephone Number of Designated Agent: 804.223.6020

Facsimile Number of Designated Agent: 804.223.6379

Email Address of Designated Agent: mark.hoeting@hsc.edu

Signature of Officer or Representative of the Designating Service Provider:

Date:

7/12/99

Typed or Printed Name and Title: C. Norman Krueger, Vice President for Business
Affairs and Treasurer

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

RECEIVED

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