

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

Full Legal Name of Service Provider: Hampshire College

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

Address of Service Provider: 893 West Street, Amherst, MA

Name of Agent Designated to Receive Notification of Claimed Infringement: Wm. Josiah Erikson

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):

Adele Simmons Hall, Hampshire College,
893 West St, Amherst, MA 01002

Telephone Number of Designated Agent: 413 559 6091

Facsimile Number of Designated Agent: 413.559 5419

Email Address of Designated Agent: wj.erikson@hampshire.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: Nov 10 2009

Typed or Printed Name and Title: Wm. Josiah Erikson,
Network Engineer

SCANNED 2 02-2010

**Note: This 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**



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