

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

**Full Legal Name of Service Provider:** NH Technical Institute

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

**Address of Service Provider:** 31 College Drive, Concord, NH 03301

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Dexter S. Howe

**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):  
31 College Drive, Concord, NH 03301

**Telephone Number of Designated Agent:** (603) 271-7755

**Facsimile Number of Designated Agent:** (603) 271-4169

**Email Address of Designated Agent:** dhowe@nhti.edu

**Signature** \_\_\_\_\_ **Title of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 12/16/03

**Typed or Printed Name and Title:** Dexter S. Howe  
Director of Academic and Administrative Computers

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



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