

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

Holyoke

Community College

Full Legal Name of Service Provider: _____

Holyoke Community College

Address of Service Provider: 303 Homestead Avenue

Holyoke, MA 01040

Name of Agent Designated to Receive Notification of Claimed Infringement: _____

Michael Giampietro

Full Address of Designated Agent to which Notification Should be Sent: _____

Holyoke Community College, 303 Homestead Avenue, Holyoke, MA 01040

Telephone Number of Designated Agent: 413-552-2800

Facsimile Number of Designated Agent: 413-534-8975

Email Address of Designated Agent: mgiampietr@hcc.mass.edu

Signature of Authorized Officer of the Designating Service Provider:

Name: _____ **Date:** 2/22/99

Typed Name and Title: Dr. David M. Bartley, President

BY FILING THIS FORM, HOLYOKE COMMUNITY COLLEGE, AS A PUBLIC INSTITUTION OF HIGHER EDUCATION OF THE COMMONWEALTH OF MASSACHUSETTS, DOES NOT INTEND TO WAIVE ANY STATE OR FEDERAL IMMUNITIES OR DEFENSES AVAILABLE TO IT.

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