

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

Full Legal Name of Service Provider: Holmes Community College

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

Address of Service Provider: #1 Hill Street Goodman, MS 39079

Name of Agent Designated to Receive Notification of Claimed Infringement: Kevin Baker

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):

Holmes Community College Attn: Kevin Baker P.O. Box 369 Goodman, MS 39079-0369

#1 Hill Street, Goodman MS 39079

Telephone Number of Designated Agent: 662-472-9122

Facsimile Number of Designated Agent: 662-472-9157

Email Address of Designated Agent: kbaker@holmescc.edu

Signature of the Designating Service Provider: _____

Date: 3-31-03

Typed or Printed Name and Title: Kevin Baker Network Administrator

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

131630002



131630002

RECEIVED

MAR 31 2003

COPYRIGHT OFFICE