

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

Full Legal Name of Service Provider: Hope College

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

Address of Service Provider: 141 E 12th St, Holland MI 49423

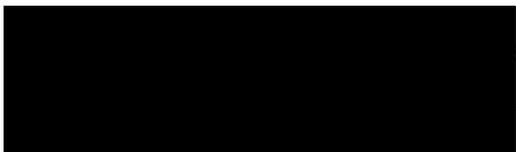
Name of Agent Designated to Receive Notification of Claimed Infringement: Jeff Pestun

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):
110 E 10th St, Holland MI 49423

Telephone Number of Designated Agent: 616-395-7670

Facsimile Number of Designated Agent: 616-395-7807

Email Address of Designated Agent: cit@hope.edu

 **Signature of the Designating Service Provider:** _____
Date: 03/23/2015

Typed or Printed Name and Title: Jeff Pestun - Director of IT

**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**

**Scanned
APR 28 2015**

Mail the form to:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

**Received
APR 06 2015
Copyright Office**