

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

Full Legal Name of Service Provider: Houghton College

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

Address of Service Provider: 1 Willard Avenue Houghton, NY 14744

Name of Agent Designated to Receive Notification of Claimed Infringement: Patricia Smith

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):

1 Willard Avenue
Houghton, NY 14744

Telephone Number of Designated Agent: 585-567-⁹²⁸⁷~~9573~~

Facsimile Number of Designated Agent: 585-567-9573

Email Address of Designated Agent: patti.smith@houghton.edu

Signature of Representative of the Designating Service Provider: _____
Date: 5/20/03

Typed or Printed Name and Title: Patricia T. Smith Associate
Director of Technology Services

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

RECEIVED

JUN 02 2003

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