

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

Full Legal Name of Service Provider: JOHNSON TECHNICAL INSTITUTE

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

Address of Service Provider: 3427 North Main Avenue.
Scranton, PA 18508

Name of Agent Designated to Receive Notification of Claimed Infringement: Stephen R. Cheskiewicz

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): 3427 N. Main Avenue, Scranton PA 18508

Telephone Number of Designated Agent: 570-342-6404 x 128

Facsimile Number of Designated Agent: 570-348-2181

Email Address of Designated Agent: sches@epix.net

Signature of the Designating Service Provider:

Date: 7/20/2001

Typed or Printed Name and Title: Stephen R. Cheskiewicz
Director of Information Services

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

JUL 23 2001

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