

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

Full Legal Name of Service Provider: Jones County Junior College -
State of Mississippi

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

Address of Service Provider: 900 South Court Street, Ellisville, MS 39437

Name of Agent Designated to Receive
Notification of Claimed Infringement: Casey Mercier

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): Jones County Junior College

900 South Court Street Ellisville, MS 39437

Telephone Number of Designated Agent: 601-477-4160

Facsimile Number of Designated Agent: 601-477-4211

Email Address of Designated Agent: Casey.Mercier@jcjc.edu

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 4-23-03

Typed or Printed Name and Title: Casey Mercier
Director of Network Services

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

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RECEIVED

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