

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

Full Legal Name of Service Provider: Kirkwood Community College

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

Address of Service Provider: 6301 Kirkwood Blvd SW

Cedar Rapids, IA 52406

Name of Agent Designated to Receive

Notification of Claimed Infringement: Michele Payne

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):

210 Linn Hall, Kirkwood Community College, 6301 Kirkwood Blvd SW, Cedar Rapids, IA 52406

Telephone Number of Designated Agent: 319-398-4974

Facsimile Number of Designated Agent: 319-398-5492

Email Address of Designated Agent: mpayne@kirkwood.cc.ia.us

Signature of Officer or Representative of the Designating Service Provider:

Date: 12/15/98

Typed or Printed Name and Title: Terry Moran
Vice President, Instruction

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

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