

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

Full Legal Name of Service Provider: Kalamazoo College

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

Address of Service Provider: 1200 Academy Street, Kalamazoo, MI 49006

Name of Agent Designated to Receive Notification of Claimed Infringement: Lisa Palchick

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):

Lisa Palchick; Kalamazoo College Information Services
1200 Academy; Kalamazoo, MI 49006

Telephone Number of Designated Agent: (616)337-7149

Facsimile Number of Designated Agent: (616)337-7143

Email Address of Designated Agent: lpalch@kzoo.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: _____

Typed or Printed Name and Title: Lisa Palchick

Director of Information Services

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

RECEIVED

DEC 8 1996

COPYRIGHT OFFICE