

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

Full Legal Name of Service Provider: Le Moyne College

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

Address of Service Provider: 1419 Salt Springs Road, Syracuse, NY, 13214

Name of Agent Designated to Receive Notification of Claimed Infringement: Shaun Black

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):
DMCA Agent, Information Technology, 1419 Salt Springs Road, Syracuse, NY, 13214

Telephone Number of Designated Agent: 315-445-4565

Facsimile Number of Designated Agent: 315-445-4719

Email Address of Designated Agent: dmca-agent@lemoyne.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Le Moyne College, 10/5/01

 of the Designating Service Provider:
Date: August 13, 2015

Typed or Printed Name and Title: Shaun Black, Director of Information Technology

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

*Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html

Mail the form to:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

Received

AUG 26 2015

Copyright Office