

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

**Full Legal Name of Service Provider:** Lebanon Valley College

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

**Address of Service Provider:** 101 North College Avenue, Annville PA 17003-1400

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Robert A. Riley

**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):  
101 North College Avenue, Annville PA 17003-1400

**Telephone Number of Designated Agent:** 717-867-6202

**Facsimile Number of Designated Agent:** 717-867-6020

**Email Address of Designated Agent:** riley@lvc.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_ **Date:** 9/30/2009

**Typed or Printed Name and Title:** Robert A. Riley -  
Vice President for Administration and Information Technology

**SCANNED 10 16 - 2009**

**Note: This 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](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
Copyright GC/I&R  
P.O. Box 70400  
Washington, DC 20024



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OCT 05 2009

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