

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

Full Legal Name of Service Provider: Lorain County Community College

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

Address of Service Provider: 1005 North Abbe Road, Elyria, Ohio 44035

Name of Agent Designated to Receive Notification of Claimed Infringement: J. Terry Robinson, Contract Administrator

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):
J. Terry Robinson, Contract Administrator, Lorain County Community College,
1005 North Abbe Road, Elyria, Ohio 44035

Telephone Number of Designated Agent: 440-365-5222 Extension 7556

Facsimile Number of Designated Agent: 440-365-6519

Email Address of Designated Agent: trobin@lorainccc.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 2-4-99

Typed or Printed Name and Title: J. Terry Robinson, Contract Administrator

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

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