

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

**Full Legal Name of Service Provider:** Macalester College

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

**Address of Service Provider:** 1600 Grand Avenue, St. Paul, MN 55105

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Joel G. Clemmer

**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):

As Above

**Telephone Number of Designated Agent:** 651.696.6700

**Facsimile Number of Designated Agent:** 651.696.6778

**Email Address of Designated Agent:** clemmer@macalester.edu

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 12/3/98

**Typed or Printed Name and Title:** Vice President for Library and Information Services

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

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