

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

Full Legal Name of Service Provider: Madison Area Technical College

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

Address of Service Provider: 3550 Anderson Street, Madison, WI 53704-2599

Name of Agent Designated to Receive Notification of Claimed Infringement: Herb Nelson, Manager Educational Support

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):

Madison Area Technical College, 3550 Anderson Street, Madison, WI 53704-2599

Telephone Number of Designated Agent: 608-246-6789

Facsimile Number of Designated Agent: 608-246-6747

Email Address of Designated Agent: hnelson@matcmadison.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: Madison Area Technical College, Madison WI 53704-2599 Filed 11/17/99

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 05/23/05

Typed or Printed Name and Title: Herbert R. Nelson
Manager Educational Support Services

Note: This Amended Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

SCANNED 6/21/05

RECEIVED

JUN 08 2005

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