

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

Full Legal Name of Service Provider: Marietta College

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

Address of Service Provider: 215 Fifth Street, Marietta, OH 45750

Name of Agent Designated to Receive Notification of Claimed Infringement: John R. Davis

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):
Information Technology Dept., 215 Fifth Street, Marietta, OH 45750

Telephone Number of Designated Agent: (740) 376-4390

Facsimile Number of Designated Agent: (740) 376-4812

Email Address of Designated Agent: cio@marietta.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 2-7-08

Typed or Printed Name and Title: John R. Davis, Chief Information Officer

SCANNED 04-16/2008

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



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