

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: _____

Milwaukee Area Technical College

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

MATC, Milwaukee Area Technical College District Board (MMVS/MMVT)

Address of Service Provider: 700 W. State Street, Milwaukee, WI 53233-1443

Name of Agent Designated to Receive

Notification of Claimed Infringement: William J. Roden

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):

Milwaukee Area Technical College

700 W. State Street, Room M278, Milwaukee, WI 53233-1443

Telephone Number of Designated Agent: 414-297-7710

Facsimile Number of Designated Agent: 414-297-8176

Email Address of Designated Agent: rodenb@milwaukee.tec.wi.us

Signed _____ **or Designative** of the Designating Service Provider:

Date: 5-12-99

Typed or Printed Name and Title: William J. Roden

Vice President and General Counsel

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

RECEIVED

MAY 21 1999

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