

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

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

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

**Address of Service Provider:** 2 College Hill, Westminster, MD 21157

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Maxine Groft

**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):  
Maxine Groft, Information Technology, McDaniel College  
2 College Hill, Westminster MD 21157

**Telephone Number of Designated Agent:** 410-857-2746

**Facsimile Number of Designated Agent:** 410-386-4694

**Email Address of Designated Agent:** mgroft@mcdaniel.edu

**Signature of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 1-15-14  
Jeanine Stewart, Provost

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

**\*Note: Current and adjusted fees are available on the Copyright website at  
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