

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

**Full Legal Name of Service Provider:** Mohawk Valley Community College

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** State University of New York,  
Mohawk Valley Community College

**Address of Service Provider:** 1101 Sherman Drive, Utica, New York 13501

**Name of Agent Designated to Receive Notification of Claimed Infringement:** JoAnne Werner

**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):  
Mohawk Valley Community College, 1101 Sherman Drive,  
Utica, New York 13501

**Telephone Number of Designated Agent:** (315) 792-5399

**Facsimile Number of Designated Agent:** (315) 792-5666

**Email Address of Designated Agent:** jwerner@linux.mvcc.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** 6/1/99

**Typed or Printed Name and Title:** JoAnne Werner  
Executive Director, Educational Technology

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

**RECEIVED**

JUN 29 1999

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