

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

Full Legal Name of Service Provider: North Central Texas College (NCTC)

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

Address of Service Provider: 1525 West California St. Gainesville, TX 76240

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Stephen D. Broyles

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):

Dr. Stephen D. Broyles, Dean of Administrative Services,
NCTC, 1525 West California St., Gainesville, TX 76240

Telephone Number of Designated Agent: 940/668-4201

Facsimile Number of Designated Agent: 940/668-4244

Email Address of Designated Agent: sbroyles@nctc.cc.tx.us

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 9-12-01

Typed or Printed Name and Title: Dr. Ronnie Glasscock
President

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

RECEIVED

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