

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

Full Legal Name of Service Provider: New Mexico Military Institute

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

Address of Service Provider: 101 West College, Roswell NM 88201

Name of Agent Designated to Receive Notification of Claimed Infringement: Bill Siders

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):
101 West College Blvd.
ROSWELL NM 88201

Telephone Number of Designated Agent: (505)624-8110

Facsimile Number of Designated Agent: (505)624-8090

Email Address of Designated Agent: compserv@nmmi.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 4/5/06

Typed or Printed Name and Title: Bill Siders, Director Information Services

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.



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