

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

Full Legal Name of Service Provider: New River Community College

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

Address of Service Provider: P.O. Box 1127, Dublin, VA 24084 (All mail).

Street address, see below *

Name of Agent Designated to Receive
Notification of Claimed Infringement: Dr. Mark C. Rowh

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):

P. O. Box 1127, Route 100, Dublin, VA 24084
5251 College Drive, Dublin, VA 24084 *

*Added by CO
per M. Rowh,
phone call,
08/09/04

Telephone Number of Designated Agent: (540) 674-3617

Facsimile Number of Designated Agent: (540) 674-3663

Email Address of Designated Agent: nrowhm@nr.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 7-6-04

Typed or Printed Name and Title: Dr. Jack M. Lewis, President

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

RECEIVED

AUG 09 2004

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