

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

Full Legal Name of Service Provider: Northwest-Shoals Community College

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

Address of Service Provider: 2080 College Road Phil Campbell, AL 35581
800 George Wallace Blvd. Muscle Shoals, AL 35661

Name of Agent Designated to Receive Notification of Claimed Infringement: April Cookson

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): 800 George Wallace Blvd. Muscle Shoals, AL 35661

Telephone Number of Designated Agent: 256-331-5395

Facsimile Number of Designated Agent: 256-331-5222

Email Address of Designated Agent: cookson@nwscce.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 6-30-04

Typed or Printed Name and Title: April Cookson
Coordinator of Distance Education

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

RECEIVED

JUL 13 2004

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