

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Providence College

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

Address of Service Provider: 1 Cunningham Square Providence, RI 02918

Name of Agent Designated to Receive
Notification of Claimed Infringement: Donald J. Schattle II ISO

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):
Donald J. Schattle II Accinno Hall Providence College 1 Cunningham Square Providence RI 02918

Telephone Number of Designated Agent: 401 865-1558

Facsimile Number of Designated Agent: 401 865-1345

Email Address of Designated Agent: infosec@providence.edu

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

Date: 2-25-09

Typed or Printed Name and Title: Michael V. Frazier

SCANNED 05 12 - 20 09

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



RECEIVED

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