

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

Full Legal Name of Service Provider: Randolph Community College

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

Address of Service Provider: 629 Industrial Pk Ave., PO Box 1009, Asheboro, NC
27204-1009

Name of Agent Designated to Receive
Notification of Claimed Infringement: Celia Hurley

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):
Randolph Community College, 629 Industrial Pk Ave., PO Box 1009, Asheboro, NC 27204-1009

Telephone Number of Designated Agent: (336) 633-0299

Facsimile Number of Designated Agent: (336) 629-4695

Email Address of Designated Agent: cthurley@randolph.cc.nc.us

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1-28-99

Typed or Printed Name and Title: Marcia A. Daniel

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

RECEIVED

**FEB 18 1999
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APPROVED FOR PAYMENT		
(INSTITUTIONAL) (STATE) (COUNTY)		
Code	<u>11-220-22300-2002-22</u>	
Amt.	<u>20.00</u>	
Date	<u>2-9-99</u>	Authorized <u>ymj</u>
Complete	<input checked="" type="checkbox"/>	Partial <input type="checkbox"/>
Purchase Order No.	<u>33708</u>	