

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

Full Legal Name of Service Provider: Randolph-Macon Woman's College

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

Address of Service Provider: 2500 Rivermont Avenue, Lynchburg VA 24503

Name of Agent Designated to Receive Notification of Claimed Infringement: Travis Brown

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): 2500 Rivermont Ave. Lynchburg, VA 24503

Telephone Number of Designated Agent: 804-947-~~8618~~ 8618

Facsimile Number of Designated Agent: 804-947-8159

Email Address of Designated Agent: tbrown@rmwc.edu

Signature _____ **Representative of the Designating Service Provider:**

Date: 12/10/98

Typed or Printed Name and Title: Travis Brown, Network Manager

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

RECEIVED

DEC 21 1998

COPYRIGHT OFFICE

102002161

