

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

Full Legal Name of Service Provider: Stonehill College, Inc.

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

Address of Service Provider: 320 Washington Street, Easton, MA

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Thomas Flynn

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):
320 Washington Street, Easton, MA 02357

Telephone Number of Designated Agent: 508-565-1413

Facsimile Number of Designated Agent: 508-565-1658

Email Address of Designated Agent: tflynn@stonehill.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 4/6/10

Typed or Printed Name and Title: Thomas Flynn, General Counsel

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

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

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Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



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