

# Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

**Full Legal Name of Service Provider:** Sullivan County Community College

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** SCCC, SUNY Sullivan, SC3, Sullivan Generals

**Address of Service Provider:** 112 College Rd, Loch Sheldrake, NY 12759

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Matthew R. Smith

**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):  
Sullivan County Community College, 112 College Rd, Loch Sheldrake, NY 12759

**Telephone Number of Designated Agent:** 845-434-5750 x4226

**Facsimile Number of Designated Agent:** 845-434-0839

**Email Address of Designated Agent:** mattsmith@sullivan.suny.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Sullivan County Community College, July 2, 1999

**Signature of Officer or Representative of the Designating Service Provider:**  
[Redacted Signature] **Date:** August 18, 2010

**Typed or Printed Name and Title:** Matthew R. Smith, Access Services Librarian

Note: This Amended 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](http://www.copyright.gov/docs/fees.html)

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



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