

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

**RECEIVED**

**MAR 15 1999**

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**Full Legal Name of Service Provider:** Umpqua Community College

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

**Address of Service Provider:** PO Box 967 Roseburg, OR 97470

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** George Roth

**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):  
PO Box 967 Roseburg, OR 97470

**Telephone Number of Designated Agent:** 541-440-4707

**Facsimile Number of Designated Agent:** 541-440-4670

**Email Address of Designated Agent:** rothg@umpqua.cc.or.us

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

**Date:** February 25, 1999

**Typed or Printed Name and Title:** Dr. James M. Kraby  
President

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

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