

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

Full Legal Name of Service Provider: FINGER LAKES COMMUNITY COLLEGE

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

Address of Service Provider: 4355 LAKESHORE DRIVE, CANANDAIGUA, NY 14424

Name of Agent Designated to Receive Notification of Claimed Infringement: Mr. Frank Queener, Library Director

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):
Finger Lakes Community College
4355 Lakeshore Drive, Canandaigua, NY 14424

Telephone Number of Designated Agent: 716-394-3500, Ext. 375

Facsimile Number of Designated Agent: 716-394-5017

Email Address of Designated Agent: queenefr@snyflcc.fingerlakes.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 3-30-99

Typed or Printed Name and Title: Daniel T. Hayes, Ph.D., President

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

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