

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

Full Legal Name of Service Provider: John A. Logan College

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

John A. Logan College District

Address of Service Provider: 700 Logan Colleg Rd., Carterville, IL 62918

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Thomas L. Bell

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):

700 Logan College Rd.
Carterville, IL 62918

Telephone Number of Designated Agent: 618/985-2828 ext. 8270

Facsimile Number of Designated Agent: 618/985-3899

Email Address of Designated Agent: tom.bell@jal.cc.il.us

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

Date: 6/17/99

Typed or Printed Name and Title: Linda J. Barrette
Dean - Learning Resource Center

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

RECEIVED

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