

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

Full Legal Name of Service Provider: Le Moyne Collge

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

Address of Service Provider: 1419 Salt Springs Rd, Syracuse, NY 13214

Name of Agent Designated to Receive Notification of Claimed Infringement: Robert H. Clapp

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): 1419 Salt Springs Rd, RH 240, Syracuse, NY 13214

Telephone Number of Designated Agent: 315-445-4565

Facsimile Number of Designated Agent: 315-445-4540

Email Address of Designated Agent: clapprh@lemoyne.edu

Officer or Representative of the Designating Service Provider: _____
Date: 10/5/01

Typed or Printed Name and Title: Robert H. Clapp, Chief Information Officer

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

RECEIVED

**OCT 15 2001
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