

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

Full Legal Name of Service Provider: Linn-Benton Community College

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

Address of Service Provider: 6500 SW Pacific Blvd, Albany, OR 97321

Name of Agent Designated to Receive Notification of Claimed Infringement: Joe Sherlock

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):

Linn-Benton Community College
6500 SW Pacific Blvd
Albany, OR 97321

Telephone Number of Designated Agent: (541) 917-4414

Facsimile Number of Designated Agent: (541) 917-4379

Email Address of Designated Agent: sherloj@gw.lbcc.cc.or.us

Signature _____ **tative of the Designating Service Provider:**
Date: 2-24-99

Typed or Printed Name and Title: Michael Holland, Vice President

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

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