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**APR 12 1999**

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

V73730

APR 12 1999

**Full Legal Name of Service Provider:** Walsh College

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

**Address of Service Provider:** 3838 Livernois Road, P.O. Box 7006  
Troy, MI 48007-7006

**Name of Agent Designated to Receive Notification of Claimed Infringement:** David Murphy

**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):

David Murphy  
Library Director  
Walsh College, 3838 Livernois, Troy  
MI 48007-7006

**Telephone Number of Designated Agent:** \_\_\_\_\_

**Facsimile Number of Designated Agent:** 248 689 9066

**Email Address of Designated Agent:** dmurphy@walshcol.edu

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

**Date:** 11-23-98

**Typed or Printed Name and Title:** David Murphy  
Library Director

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

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