

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

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

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

**Address of Service Provider:** 345 Boyer Avenue, Walla Walla, WA 99362

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Keiko M. Pitter

**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):  
Whitman College  
345 Boyer Avenue, Walla Walla, WA 99362

**Telephone Number of Designated Agent:** 509-527-5415

**Facsimile Number of Designated Agent:** 509-527-4962

**Email Address of Designated Agent:** pitterk@whitman.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_ **Date:** 12-18-98

**Typed or Printed Name and Title:** Keiko M. Pitter  
Chief Technology Officer

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



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JAN 4 1999  
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