

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

Full Legal Name of Service Provider: Muhlenberg College

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

Address of Service Provider: 2400 Chew Street Allentown PA 18104

Name of Agent Designated to Receive
Notification of Claimed Infringement: Harry Miller

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):
2400 Chew Street
AlLentown PA 18104

Telephone Number of Designated Agent: 484-664-3440

Facsimile Number of Designated Agent: 484-664-3091

Email Address of Designated Agent: hmill@muhlenberg.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/12/2004

Typed or Printed Name and Title: Kent Dyer, CBO and Treasurer

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.



SCANNED 1-03-05

RECEIVED

DEC 13 2004

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