

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

Full Legal Name of Service Provider: The Master's College

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

Address of Service Provider: 21726 Placerita Canyon Rd. Santa Clarita
CA 91321

Name of Agent Designated to Receive
Notification of Claimed Infringement: Trevor A. Wallis

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):
21726 Placerita Canyon Road
Santa Clarita, CA 91321

Telephone Number of Designated Agent: 661-259-3540 ext. 3068

Facsimile Number of Designated Agent: 661-362-26

E-mail Address of Designated Agent: twallis@masters.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 8/27/03

Typed or Printed Name and Title: Richard L. Mayhue
Senior Vice President and Provost

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

RECEIVED

APR 04 2003

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