

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

Full Legal Name of Service Provider: Mid Michigan Community College

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

Address of Service Provider: 1375 S Clara Avenue, Harrison, MI 48625

Name of Agent Designated to Receive Notification of Claimed Infringement: Linda M Ritz

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):
Linda M Ritz Mid Michigan Community College 1375 South Clara Ave.
Harrison, MI 48625

Telephone Number of Designated Agent: 517-386-6616

Facsimile Number of Designated Agent: 517-386-2411

Email Address of Designated Agent: lrutz@midmich.cc.mi.us

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 26-Feb-2001

Typed or Printed Name and Title: Dr. Gwladys Austin
Dean of Instructional and Institutional Technology

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



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