

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

Full Legal Name of Service Provider: Smith College

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

Address of Service Provider: Smith College - Northampton, MA 01063

Name of Agent Designated to Receive
Notification of Claimed Infringement: Herbert Nickles

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):
Smith College - Stoddard Hall Room 12 - Northampton, MA 01063

Telephone Number of Designated Agent: 413-585-3770

Facsimile Number of Designated Agent: 413-585-3073

Email Address of Designated Agent: hnickles@smith.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: August 26, 1999

Typed or Printed Name and Title: Herbert Nickles
Executive Director of Information Technology Services

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

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