

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

**Full Legal Name of Service Provider:** Sullivan County Community College

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

**Address of Service Provider:** 1000 Leroy Road, Loch Sheldrake, New York 12759

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Phyllis R. Jones



**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):  
Sullivan County Community College, 1000 Leroy Road, Loch Sheldrake, New York 12759

**Telephone Number of Designated Agent:** 914-434-5750, ext 4226

**Facsimile Number of Designated Agent:** 914-434-0839

**Email Address of Designated Agent:** jonespr@sullivan.suny.edu

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 6/22/99

**Typed or Printed Name and Title:** Phyllis R. Jones, Technical Services/Systems Librarian

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

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**RECEIVED**

**JUL 2 1999**

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