

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

Full Legal Name of Service Provider: Walla Walla College

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

Address of Service Provider: 204 S. College Ave., College Place, WA 99324

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** David A. Bullock

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):
204 S. College Ave.
College Place, WA 99324

Telephone Number of Designated Agent: (509) 527-2520

Facsimile Number of Designated Agent: (509) 527-2253

Email Address of Designated Agent: webmaster@wwc.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: January 20, 2000

Typed or Printed Name and Title: W. G. Nelson, president

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

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