

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

Full Legal Name of Service Provider: Hampshire College

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

Address of Service Provider: 893 West Street, Amherst, MA 01002

Name of Agent Designated to Receive
Notification of Claimed Infringement: Gai Carpenter

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):
Box LO, Hampshire College, 893 West Street, Amherst, MA 01002

Telephone Number of Designated Agent: (413) 559-5427

Facsimile Number of Designated Agent: (413) 559-5419

Email Address of Designated Agent: gcarpenter@hampshire.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 9/21/04

Typed or Printed Name and Title: Gai Carpenter, Director, Library and Information Services

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



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