

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

Full Legal Name of Service Provider: Hastings College

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

Address of Service Provider: 800 Turner Ave, Hastings NE, 68901

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jim Mackin

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):

Jim Mackin, 800 Turner Ave, Hastings NE, 68901

Telephone Number of Designated Agent: (402) 461-7482

Facsimile Number of Designated Agent: (402) 461-7490

Email Address of Designated Agent: jmackin@hastings.edu

RECEIVED

OCT 16 2002

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Signature of Officer or Representative of the Designating Service Provider:

Date: 10-9-02

Typed or Printed Name and Title: Jim Mackin, Network Administrator

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

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