

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

Full Legal Name of Service Provider: HOBART INSTITUTE OF WELDING TECHNOLOGY

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

Address of Service Provider: 400 TRADE SQUARE EAST, TROY, OHIO 45373

Name of Agent Designated to Receive

Notification of Claimed Infringement: MARTY BAKER, MANAGER - INTERNET SERVICES

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):

HOBART INSTITUTE OF WELDING TECHNOLOGY
400 TRADE SQUARE EAST, TROY, OH 45373

Telephone Number of Designated Agent: (937) 332-5603

Facsimile Number of Designated Agent: (937) 332-5057

Email Address of Designated Agent: Marty.Baker@welding.org

Signature of Offense Party _____ **signing Service Provider:**

Date: 2-24-03

Typed or Printed Name and Title: Martha A. (Marty) Baker
Manager of Internet Services

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



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RECEIVED

FEB 24 2003

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