Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the se provider is doing business):Not applicable_	
Address of Service Prov	ider: 90 V-1-1
. 1000 000 01 000 1101	ider: 80 Vandenburgh Ave., Troy, NY 12180
Name of Agent Designa	ited to Receive
Notification of Claimed	Infringement: Valerie A. Lang
Telephone Number of D	esignated Agent: 518-629-7319
	A STATE OF THE STA
Facsimile Number of De	signated Agent: 518-629-7509
Email Address of Design dentify the Interim Design Date, so that it may be Re	mated Agent: 518-629-7509 mated Agent: 1angval@hvcc.edu mation to be Amended, by Service Provider Name and Filing adily Located in the Directory Maintained by the Copyright e from Brenda Twiggs to Valerie Lang
Email Address of Design dentify the Interim Design Date, so that it may be Re Office: Please chang	mation to be Amended, by Service Provider Name and Filing

Note: This Amended Interim Designation Must be Accompanied by a \$80 Filing Fee

COPYRIGHT OFFICE

Copyright GC/I&R

Mail the form to:

Made Payable to the Register of Copyrig