

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

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Full Legal Name of Service Provider: GOGEBIC COMMUNITY COLLEGE

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

Address of Service Provider: E4946 JACKSON ROAD, IRONWOOD, MI 49938

Name of Agent Designated to Receive Notification of Claimed Infringement: KATHIE MUNN

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):

GOGEBIC COMMUNITY COLLEGE
E4946 JACKSON ROAD, IRONWOOD, MI 49938

Telephone Number of Designated Agent: (906) 932-4231 X341

Facsimile Number of Designated Agent: (906) 932-5541

Email Address of Designated Agent: kathiem@gogebic.cc.mi.us

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1/11/99

Typed or Printed Name and Title: DONALD J. FOSTER, PRESIDENT

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

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