

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

Full Legal Name of Service Provider: Goshen College

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

Address of Service Provider: 1700 S. Main St. Goshen IN 46526

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael R. Sherer

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):  
1700 S Main Street Attn: ITS / Michael  
Goshen IN 46526

Telephone Number of Designated Agent: (574) 535 7406

Facsimile Number of Designated Agent: (574) 535 7017

Email Address of Designated Agent: msherer@goshen.edu

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 1/22/02

Typed or Printed Name and Title: Michael R Sherer  
Director of Information Technology Services

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



**RECEIVED**

FEB 05 2002

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