

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

**Full Legal Name of Service Provider:** Guilford Technical Community College

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

**Address of Service Provider:** P. O. Box 309, Jamestown, NC 27282

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Dr. Kathryn Baker Smith

**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):**

P. O. Box 309, Jamestown, NC 27282

**Telephone Number of Designated Agent:** 336-334-4822, ext. 2426

**Facsimile Number of Designated Agent:** 336-819-2007

**Email Address of Designated Agent:** smithkb@gtcc.cc.nc.us

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 2/24/99

**Typed or Printed Name and Title:** Dr. Kathryn Baker Smith  
Vice President, Institutional Effectiveness and Advancement

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

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**RECEIVED**

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