

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

Full Legal Name of Service Provider: Guilford College

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

Address of Service Provider: 5800 W. Friendly Ave., Greensboro, NC 27410

Name of Agent Designated to Receive Notification of Claimed Infringement: Teresa Sanford

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):
Guilford College, 5800 W. Friendly Ave., Greensboro, NC 27410

Telephone Number of Designated Agent: 336-316-2115

Facsimile Number of Designated Agent: 336-316-2956

Email Address of Designated Agent: tsanford@guilford.edu

Signature of _____ Representative of the Designating Service Provider:
Date: 11/9/99

Typed or Printed Name and Title: Art Gillis, Vice President and Chief Financial Officer

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

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