

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

**Full Legal Name of Service Provider:** College of the Siskiyous

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

**Address of Service Provider:** 800 College Ave., Weed, CA 96094

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Nancy Shepard, Telecommunications Specialist

**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):  
same as above

**Telephone Number of Designated Agent:** (530) 938-5520

**Facsimile Number of Designated Agent:** (530) 938-5228

**Email Address of Designated Agent:** shepard@siskiyous.edu

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** Jan. 21, 1999

**Typed or Printed Name and Title:** Min Yao, Vice President, Information Technology

**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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