

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

Full Legal Name of Service Provider: Calvin College

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

Address of Service Provider: 3201 Burton St. SE Grand Rapids, MI 49546

Name of Agent Designated to Receive Notification of Claimed Infringement: Randy Nieuwsma

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):

Calvin College Audio-Visual Dept.
3201 Burton St. SE Grand Rapids, MI 49546

Telephone Number of Designated Agent: 616-957-6076

Facsimile Number of Designated Agent: 616-957-6635

Email Address of Designated Agent: nieuwr@calvin.edu

Sig _____ or Representative of the Designating Service Provider:
Date: 10/04/01

Typed or Printed Name and Title: Henry E DeVries, II, Vice President
for Administration, Finance, and Information Services

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

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