

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

Full Legal Name of Service Provider: Carleton College

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

Address of Service Provider: ONE N. College St. Northfield, MN 55057

Name of Agent Designated to Receive Notification of Claimed Infringement: Les LaCroix

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):
Les LaCroix, Carleton College, ONE N. College St.
ITS Dept., Northfield, MN 55057

Telephone Number of Designated Agent: 507 646-5455

Facsimile Number of Designated Agent: 507 646-4537

Email Address of Designated Agent: llacroix@carleton.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Carleton College 2/15/99

Signature of Representative of the Designating Service Provider: _____
Date: 11/15/00

Typed or Printed Name and Title: Les LaCroix, Associate
Director for Network Services

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

RECEIVED

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