

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

Full Legal Name of Service Provider: Cedarville College

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

Address of Service Provider: 251 N. Main St. Box 601 Cedarville, OH 45314-0601

Name of Agent Designated to Receive Notification of Claimed Infringement: Lynn A. Brock

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):

Director of Library Services
Cedarville College
251 N. Main St. Box 601
Cedarville, OH 45314-0601

Telephone Number of Designated Agent: 937-766-7846

Facsimile Number of Designated Agent: 937-766-2337

Email Address of Designated Agent: brockl@cedarville.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 2/3/99

Typed or Printed Name and Title: Lynn A. Brock
Director of Library Services

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

RECEIVED

FEB 8, 1999

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