

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

Full Legal Name of Service Provider: Clark University

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

Address of Service Provider: 950 Main Street, Worcester, MA 01610

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Michael Cole

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): 950 Main Street
Carlson Hall - ITS
Worcester, MA 01610

Telephone Number of Designated Agent: 508-793-7772

Facsimile Number of Designated Agent: 508-793-8823

Email Address of Designated Agent: copyright@clarku.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: Clark University (Worcester, MA)

Signature of Officer or Representative of the Designating Service Provider:

_____ Date: 9/21/06

Typed or Printed Name and Title: Michael Cole, Manager of Network Operations

SCANNED 10 25-2006

**Note: This Amended Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**



RECEIVED

OCT 13 2006

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