

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

**Full Legal Name of Service Provider:** Claremont McKenna College

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

**Address of Service Provider:** 500 East 9th Street, Claremont, CA 91711

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Weston Thompson

**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):**  
500 East 9th Street, Claremont, CA 91711

**Telephone Number of Designated Agent:** 909-607-9245

**Facsimile Number of Designated Agent:** 909-621-8661

**Email Address of Designated Agent:** weston.thompson@claremontmckenna.edu

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 6-28-2002

**Typed or Printed Name and Title:** Weston Thompson, Web Editor

**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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