

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

Full Legal Name of Service Provider: Columbia Gorge Community College

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

Address of Service Provider: 400 East Scenic Drive, The Dalles OR 97058

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Bill Bohn

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):
Columbia Gorge Community College, 400 East Scenic Drive, The Dalles OR 97058

Telephone Number of Designated Agent: 541-296-6182, ext. 3227

Facsimile Number of Designated Agent: 541-298-3104

Email Address of Designated Agent: bbohn@cgcc.cc.or.us

Signature of Officer or Representative of the Designating Service Provider:

Date: 2/8/99

Typed or Printed Name and Title: Wm. E. Bell, President

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

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