

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

Full Legal Name of Service Provider: Colorado Mountain College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Aspen Campus; Alpine Campus; Rifle Campus; Timberline Campus; Roaring Fork Campus; Vail/Eagle Valley Campus; Summit Campus

Address of Service Provider: PO Box 10001, Glenwood Springs, CO 81602

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. David B. Borofsky, Vice President

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):  
Colorado Mountain College 831 Grand Avenue PO Box 10001 Glenwood Springs, CO 81602

Telephone Number of Designated Agent: 970 947-8321

**RECEIVED**

Facsimile Number of Designated Agent: 970 947-8385

JUN 23 2003

Email Address of Designated Agent: borofsky@coloradomtn.edu

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Signature of Office Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 6-5-03

Typed or Printed Name and Title: Dr. David B. Borofsky  
Vice President

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

**128824359**



*Voucher # 8352*  
*Initials of*  
*Registration Fee*  
*12.50 + 6.6000 Fee*  
*above stated check*  
*to pay*