

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

Full Legal Name of Service Provider: College of Southern Maryland

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

Address of Service Provider: 8730 Mitchell Road, P.O. Box 910, La Plata, MD
20646-0910

Name of Agent Designated to Receive Notification of Claimed Infringement: Stephen Goldman

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):
P.O. Box 910, La Plata, MD 20646-0910

Telephone Number of Designated Agent: 301-934-7643

Facsimile Number of Designated Agent: 301-934-7704

Email Address of Designated Agent: Sgoldman@csm.cc.md.us

Sign _____ **Representative of the Designating Service Provider:**
_____ **Date:** 9/24/01

Typed or Printed Name and Title: Stephen Goldman, Assistant to the
President, General Counsel

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

RECEIVED

OCT 03 2001

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