

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: College of St. Catherine

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

Address of Service Provider: 2004 Randolph Ave St. Paul, MN 55105

Name of Agent Designated to Receive Notification of Claimed Infringement: Julie BALAMUT

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): College of St. Catherine Bookstore 2004 Randolph St. Paul, MN 55105

Telephone Number of Designated Agent: 651-690-6855

Facsimile Number of Designated Agent: 651-690-8608

Email Address of Designated Agent: jjBALAMUT@STKATE.EDU

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

Date: 11/8/05

Typed or Printed Name and Title: Julie BALAMUT, Bookstore Director

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

SCANNED 12/20/05

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RECEIVED

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