

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

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GENERAL COUNSEL
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Full Legal Name of Service Provider: The College of St. Scholastica

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

Address of Service Provider: 1200 Kenwood Ave., Duluth MN 55811

Name of Agent Designated to Receive Notification of Claimed Infringement: Rachel Applegate, Library Director

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):

The College of St. Scholastica, Library
1200 Kenwood Ave., Duluth MN 55811

Telephone Number of Designated Agent: 218.723.6140

Facsimile Number of Designated Agent: 218.723.5948

Email Address of Designated Agent: library@css.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10/23/01

Typed or Printed Name and Title: Lynne J. Hamre
Director, IT

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

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