

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

Full Legal Name of Service Provider: Corning Community College

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

Address of Service Provider: 1 Academic Drive Corning, NY 14830

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jonathan Gibraltar

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):

Office of the Dean of Academic Affairs Corning Community College
1 Academic Drive Corning, NY 14830

Telephone Number of Designated Agent: 607-962-9231

Facsimile Number of Designated Agent: 607-962-9485

Email Address of Designated Agent: gibraltar@corning-cc.edu

Signature _____ **Representative of the Designating Service Provider:**

Date: 6/11/99

Typed or Printed Name and Title: Jonathan Gibraltar, Dean of Academic Affairs

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

RECEIVED

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