

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

Full Legal Name of Service Provider: COVENANT COLLEGE

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

Address of Service Provider: 14049 SCENIC HIGHWAY LOOKOUT MOUNTAIN, GA 30750

Name of Agent Designated to Receive Notification of Claimed Infringement: ROBERT E. HARBERT

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):

14049 SCENIC HIGHWAY
LOOKOUT MOUNTAIN, GA 30750

Telephone Number of Designated Agent: (706) 820-1560 x1116

Facsimile Number of Designated Agent: (706) 820-2165

Email Address of Designated Agent: HARBERT@COVENANT.EDU

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/24/98

Typed or Printed Name and Title: ROBERT E. HARBERT
VICE PRESIDENT FOR ADMINISTRATION & FINANCE

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

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