

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

Full Legal Name of Service Provider: Corwell College

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

Address of Service Provider: 600 First St. W, Mt Vernon, IA 52314

Name of Agent Designated to Receive Notification of Claimed Infringement: John Weber

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):
600 1st St W
Mt Vernon, IA 52314

Telephone Number of Designated Agent: 319-895-4357

Facsimile Number of Designated Agent: 319-895-5645

Email Address of Designated Agent: JWeber@Corwell-Iowa.Edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: _____

_____ representative of the Designating Service Provider:
Date: 1/1/2000

Printed Name and Title: John Weber, Director Computing Services

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

RECEIVED

MAY 2 2000
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