

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

Full Legal Name of Service Provider: Columbia State Community College

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

Address of Service Provider: P. O. Box 1315, Columbia, TN 38402-1315

Name of Agent Designated to Receive Notification of Claimed Infringement: Cathryn McDonald, Vice President for Academic Services

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):

Columbia State Community College
1665 Hampshire Pike, Columbia, TN 38401

Telephone Number of Designated Agent: 931-540-2520

Facsimile Number of Designated Agent: 931-540-2507

Email Address of Designated Agent: mcdonald@coscc.cc.tn.us

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

Date: 2/8/99

Typed or Printed Name and Title: O. Rebecca Hawkins, President
Columbia State Community College

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

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