

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

Full Legal Name of Service Provider: Campus Associates LLP

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Nathan Hale Inn & Conference Center
Interstate Hotels & Resorts

Address of Service Provider: 855 Bolton Rd, Storrs Mansfield, CT 06268

Name of Agent Designated to Receive Notification of Claimed Infringement: Brian Wells

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):
Nathan Hale Inn, 855 Bolton Rd, Storrs Mansfield, CT 06268

Telephone Number of Designated Agent: (860) 427-7888

Facsimile Number of Designated Agent: (860) 427-7850

Email Address of Designated Agent: brian.wells@ihrco.com

Representative of the Designating Service Provider: _____
Date: 04/15/2011

Typed or Printed Name and Title: General Manager, Nathan Hale Inn
Brian Wells

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

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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