

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

**Full Legal Name of Service Provider:** The Trustees of the California State University

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** California State University Bakersfield

**Address of Service Provider:** 401 Golden Shore, Long Beach, CA 90802-4210

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Clarke Sanford

**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):  
9001 Stockdale Highway, Walter Stiern Library, Room ITV 2F, Bakersfield CA, 93311

**Telephone Number of Designated Agent:** 661-654-2770

**Facsimile Number of Designated Agent:** 661-654-2449

**Email Address of Designated Agent:** copyright@csub.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: The Trustees of the California State University: filed 09/29/2005: (has barcode # 147523156)

**Signature of Officer or Representative of the Designating Service Provider:**  
[Redacted Signature] **Date:** 02/08/2011

**Typed or Printed Name and Title:** Clarke Sanford, AVP for ITS

Note: This Amended 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](http://www.copyright.gov/docs/fees.html)

Mail the form to:  
**Copyright GC/RRP**  
**P.O. Box 71537**  
**Washington, DC 20024**

**Received**  
**FEB 25 2011**  
**Copyright Office**

