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FEB 01 1999

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

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Full Legal Name of Service Provider: Tacoma Community College

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

Address of Service Provider: 6501 South 19th Street, Tacoma WA 98466

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Shane Conway, Vice President for College Service

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):
Office of the Vice President for College Services, Tacoma Community College, Building 13
6501 South 19th Street, Tacoma WA 98466

Telephone Number of Designated Agent: 253-566-5050

Facsimile Number of Designated Agent: 253-566-5376

Email Address of Designated Agent: sconway@tcc.tacoma.ctc.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1/20/99

Typed or Printed Name and Title: _____

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

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