

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

Full Legal Name of Service Provider: Thomas College

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

Address of Service Provider: 180 West River Road, Waterville ME 04901

Name of Agent Designated to Receive Notification of Claimed Infringement: Christopher H Rhoda

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):
Thomas College, 180 West River Rd, Waterville ME 04901

Telephone Number of Designated Agent: 207-859-1124

Facsimile Number of Designated Agent: 603-907-0236

Email Address of Designated Agent: Chris@thomas.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: Thomas College - 8/00

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 9/21/00

Typed or Printed Name and Title: Christopher Rhoda
Director of IT Services

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

118013076



RECEIVED

OCT 04 2000

COPYRIGHT OFFICE