

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

Full Legal Name of Service Provider: Wabash College

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

Address of Service Provider: 301 West Wabash Avenue; Crawfordsville, IN 47933

Name of Agent Designated to Receive
Notification of Claimed Infringement: Mr. Robert Herzog

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):
Mr. Robert Herzog, Assistant Director of Public Affairs; Wabash College; 301 West Wabash Avenue; Crawfordsville, IN 47933

Telephone Number of Designated Agent: (765) 361-6081

Facsimile Number of Designated Agent: (765) 361-6070

Email Address of Designated Agent: herzogr@wabash.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 11/13/98

Typed or Printed Name and Title: William N. Doemel, Director of Computer Services

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

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