

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

Full Legal Name of Service Provider: Washington College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): None

Address of Service Provider: 300 Washington Ave. Chestertown, MD 21620

Name of Agent Designated to Receive Notification of Claimed Infringement: H. Louis Stettler III

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):
300 Washington Ave. Chestertown, MD 21620

Telephone Number of Designated Agent: (410) 778-7204

Facsimile Number of Designated Agent: (410) 778-7850

Email Address of Designated Agent: Lstettler3@washcoll.edu

Sign _____ icer or _____ esentative of the Designating Service Provider:
Date: 4/14/04

Typed or Printed Name and Title: H. Louis Stettler III, Sr. VP for Finance and Management

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.



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