Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: College of Southern Idaho	
Alternative Name(s) of Service Provider (including all names under which provider is doing business): [CS]	h the servic
Address of Service Provider: 315 Falls Avenue, PO Box 1238, Twin Falls, ID 83303-1238	
Name of Agent Designated to Receive	
Notification of Claimed Infringement: Dr. Edit Szanto	
Full Address of Designated Agent to which Notification Should be Sent (a Por similar designation is not acceptable except where it is the only address that can be used in the gellocation): College of Southern Idaho, 315 Falls Avenue, PO Box 1238, Twin Falls, ID 83303-1238	O. Box ographic
Γelephone Number of Designated Agent: (208) 732-6863	
Facsimile Number of Designated Agent: (208) 736-3014 Attn: Edit Szanto	
Email Address of Designated Agent: eszanto@csi.edu	
dentify the Interim Designation to be Amended, by Service Provider Name and Date, so that it may be Readily Located in the Directory Maintained by the Cop Office: College of Southern Idaho, June 20, 2002	nd Filing pyright
ignature of Officer or Representative of the Designating Service Provider: Date: 07/14/08	
yped or Printed Name and Title: Dr. Edit Szanto ice President of Student Services, Planning & Grant Development	
a visit policy life.	

08/29-20.08

Note: This Amended Interim Designation Must be Accompanied by a \$80 Filing Fee

Mail the form to:

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