

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

**Full Legal Name of Service Provider:** President and Trustees of Bates College

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

**Address of Service Provider:** 2 Andrews Road, Lewiston, ME 04240

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Eugene L. Wiemers

**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):  
48 Campus Avenue  
Lewiston, ME 04240

**Telephone Number of Designated Agent:** (207) 786-6260

**Facsimile Number of Designated Agent:** (207) 786-6055

**Email Address of Designated Agent:** ewiemers@bates.edu

**Signature of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 7/15/03

**Typed or Printed Name and Title:** Terry J. Beckmann, Treasurer

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

**134950788**



**RECEIVED**

**AUG 12 2003**

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