ARTICLE I. BACKGROUND AND OBJECTIVES
F.2. The University of Massachusetts – Amherst is included in the North Atlantic Coast CESU as a Partner Institution.

ARTICLE III. TERMS OF AGREEMENT
A.1. The effective date of the agreement is 18 June 1999.
A.3. The effective date of this amendment shall be determined from the date of the last signature.

ARTICLE IV. KEY OFFICIALS
C.3. The technical representative for the University of Massachusetts – Amherst is:

Dr. William McComb
Department Head
Department of Natural Resources Conservation
University of Massachusetts – Amherst
Amherst, Massachusetts 01003
(413) 545-2665 (phone)
(413) 545-4358 (fax)
email: bmccomb@forwild.umass.edu
ARTICLE XIV. AMENDMENT AUTHORIZING SIGNATURES

The following authorizing signatures are attached to this amendment:

U.S. DEPARTMENT OF THE INTERIOR
A. U.S. Geological Survey–Biological Resources Division
B. National Park Service

C. UNIVERSITY OF RHODE ISLAND
D. University of Maryland – Eastern Shore
E. Rutgers University
F. University of Massachusetts – Amherst
ARTICLE XIV. AMENDMENT AUTHORIZING SIGNATURES (cont.)

A. U.S. Geological Survey – Biological Resources Division

__________________________________________  Date

__________________________________________  Date
ARTICLE XIV. AMENDMENT AUTHORIZING SIGNATURES (cont.)

B. National Park Service

__________________________________________ ________   Date
ARTICLE XIV. AMENDMENT AUTHORIZING SIGNATURES (cont.)

C. University of Rhode Island

__________________________________________  _________________  
                                                Date
ARTICLE XIV. AMENDMENT AUTHORIZING SIGNATURES (cont.)

D. University of Maryland – Eastern Shore

__________________________________________ ________

______________________________

Date
ARTICLE XIV. AMENDMENT AUTHORIZING SIGNATURES (cont.)

E. Rutgers University

__________________________________________  Date
ARTICLE XIV. AMENDMENT AUTHORIZING SIGNATURES (cont.)

F. University of Massachusetts – Amherst

__________________________________________ ______________________

Date