

Interim Designation of Agent to Receive Notification of Claimed Infringement

JAN 29 1999

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Full Legal Name of Service Provider: University of Kansas Medical Center

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

Address of Service Provider: 3901 Rainbow Blvd, Kansas City, KS 66160

Name of Agent Designated to Receive Notification of Claimed Infringement: James L. Bingham

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):
Dykes Library Building, Univ of Kansas Medical Center, 2100 West 39th, Kansas City, KS 66160

Telephone Number of Designated Agent: (913) 588-7300

Facsimile Number of Designated Agent: (913) 588-7360

Email Address of Designated Agent: JBINGHAM@KUMC.EDU

Signature of Officer or Representative of the Designating Service Provider: _____
Date: Dec 31, 1998

Typed or Printed Name and Title: James L. Bingham, Chief Information Officer

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

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