

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: University of Massachusetts - Worcester

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

Address of Service Provider: Information Services, 55 Lake Avenue North, Worcester, MA 01655

Name of Agent Designated to Receive Notification of Claimed Infringement: Charles Desourdy

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):

Information Services, University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA 01655-0108

Telephone Number of Designated Agent: 508-856-5424

Facsimile Number of Designated Agent: 508-856-5150

Email Address of Designated Agent: Charles.Desourdy@umassmed.edu

Representative of the Designating Service Provider:

Date: June 12, 2006

Charles Desourdy, Associate CIO
Typed or Printed Name and Title:

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

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