Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):UNC at Pembroke; UNCP	
V 11 CC : D ::1	Deal No. NO.
Address of Service Provider:	Pembroke, NC
Name of Agent Designated (Notification of Claimed Infr	to Receive ingement: Dr. Bob Orr
or similar designation is not acceptab	Agent to which Notification Should be Sent (a P.O. Box le except where it is the only address that can be used in the geographic
iocation):	
Telephone Number of Desig	One University Dr., Pembroke, NC 28372 nated Agent: 910-521-6883
Telephone Number of Desig	nated Agent: 910-521-6883 nated Agent: 910-521-6649
Telephone Number of Designate Email Address of Designate Identify the Interim Designate	nated Agent: 910-521-6883 nated Agent: 910-521-6649
Telephone Number of Design Facsimile Number of Design Email Address of Designate Identify the Interim Designate Date, so that it may be Readil Office: Academic Affairs Signature of Officer or Repre	nated Agent: 910-521-6883 nated Agent: 910-521-6649 d Agent: bob.orr@uncp.edu ion to be Amended, by Service Provider Name and Filing

Mail the form to:

S. St. S. S. Construction

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