

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

Full Legal Name of Service Provider: University Christian School

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

Name of Agent Designated to Receive Notification of Claimed Infringement: Pam Ulrich - Headmaster

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):
University Christian School, 1240 Luckney Road, Flowood, MS 39232

Address of Service Provider: 1240 Luckney Road, Flowood, MS 39232

Telephone Number of Designated Agent: (601) 992-5333

Facsimile Number of Designated Agent: (601) 992-5320

Email Address of Designated Agent: info@universitychristianschool.org

Signature of Officer or Representative of the Designing Service Provider: _____
Date: 8/3/07

Type or Printed Name and Title: Josua P. Henry, One of Its Attorneys

SCANNED 08 17 - 2007

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

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