

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

Full Legal Name of Service Provider: University of Indianapolis

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

Address of Service Provider: 1400 East Hanna Avenue, Indianapolis, IN 46227

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Joseph Harbouk

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 of Indianapolis, Computing Services Department, 1400 East Hanna Avenue
Indianapolis, IN 46227. Esch Hall Building, Room 010

Telephone Number of Designated Agent: 317-788-3364

Facsimile Number of Designated Agent: 317-788-3300

Email Address of Designated Agent: jharbouk@uindy.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: November 16, 99

Typed or Printed Name and Title: JOSEPH HARBOUK
DIRECTOR UNIVERSITY COMPUTING SERVICES

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

RECEIVED

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