

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

Full Legal Name of Service Provider: University of New Hampshire

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

Address of Service Provider: 307 Thompson Hall 105 Main St.
Durham, NH 03824-3547

Name of Agent Designated to Receive Notification of Claimed Infringement: Thomas L. Franke

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):

307 Thompson Hall, 105 Main St.
Durham, NH 03824-3547

Telephone Number of Designated Agent: 603-862-3530

Facsimile Number of Designated Agent: 603-862-0673

Email Address of Designated Agent: DMCA@UNH.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory, Maintained by the Copyright Office: Robert E. Cape

Date of Office _____ in _____ the Designating Service Provider:
Date: 9-20-2005

Typed or Printed Name and Title: Thomas L. Franke
CID/Assistant Vice President, Computing & Information Services

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

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SEP 29 2005

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SCANNED 11/08/05