Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider:	he University of the South
Alternative Name(s) of Service Provider (provider is doing business):	(including all names under which the service
Address of Service Provider: 735 Unive	rsity Avenue Sewanee, TN 37383-1000
Name of Agent Designated to Receive Notification of Claimed Infringement:	Todd Kelley, Associate Provost
Full Address of Designated Agent to whice or similar designation is not acceptable except where it is location): 735 University Avenue	
Telephone Number of Designated Agent:_	931-598-1777
Facsimile Number of Designated Agent:	931-598-1318
Email Address of Designated Agent:	tkelley@sewanee.edu
Signature of Affirm Parresentative of the	e Designating Service Provider: Date: 4/7/03
Typed or Printed Name and Title: Todd	:Kelley: Associate Provost

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



RECEIVED

MAY 0 9 2003

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