

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Upper Iowa University

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

Address of Service Provider: 605 Washington St. / PO Box 1857 Fayette, IA 52142

Name of Agent Designated to Receive
Notification of Claimed Infringement: Joel Kunze, Director of Internet Development

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):
605 Washington St. / PO Box 1857/ Fayette, IA 52142

Telephone Number of Designated Agent: 319-425-5259

Facsimile Number of Designated Agent: 319-425-5353

Email Address of Designated Agent: kunzej@uiu.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: November 16, 2000

Typed or Printed Name and Title: Joel Kunze
Director of Internet Development

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

RECEIVED

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