

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

Full Legal Name of Service Provider: University of St. Thomas

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

Address of Service Provider: 2115 Summit Avenue, Saint Paul, MN 55105-1096

Name of Agent Designated to Receive
Notification of Claimed Infringement: Chris Gregg

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):
Chris Gregg, 2115 Summit Avenue, Mail# AQU 320, Saint Paul, MN 55105-1096

Telephone Number of Designated Agent: 651-962-6265

Facsimile Number of Designated Agent: 651-962-6626

Email Address of Designated Agent: csgregg@stthomas.edu

Signature of _____, or Representative of the Designating Service Provider:

Date: 4-23-07

Typed or Printed Name and Title: Chris Gregg, Director of Information Security

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



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APR 30 2007

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SCANNED 05 18-2007