

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

Full Legal Name of Service Provider: The University of Texas Southwestern
Medical Center at Dallas

**Alternative Name(s) of Service Provider (including all names under which the service
provider is doing business):** UT Southwestern, UT Southwestern Medical Center

Address of Service Provider: 5323 Harry Hines Blvd, Dallas, TX 75390-8595

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Kirk A. Kirksey
Vice President, Information Resources

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): 5323 Harry Hines Blvd, Dallas, TX 75390-8595

Telephone Number of Designated Agent: 214/648-6252

Facsimile Number of Designated Agent: 214/648-6235

Email Address of Designated Agent: Kirk.Kirksey@utsouthwestern.edu

Signature of Officer or Representative of the Designating Service Provider:
Date: 24 July 2000

Typed or Printed Name and Title: Kirk A. Kirksey, Vice President, Information
Resources, UT Southwestern Medical Center

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

RECEIVED

AUG 17 2000

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