

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

Full Legal Name of Service Provider: Frostburg State University

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

Address of Service Provider: 101 Braddock Road Frostburg, Maryland 21532

Name of Agent Designated to Receive Notification of Claimed Infringement: Stephanie R. Cesnick

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):
Frostburg State University, 206 Compton Hall, 101 Braddock Road, Frostburg Md 21532

Telephone Number of Designated Agent: 301-687-3116

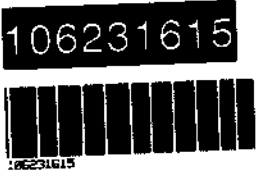
Facsimile Number of Designated Agent: 301-687-4098

Email Address of Designated Agent: scesnick@frostburg.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 9/6/99

Typed or Printed Name and Title: Dr. Catherine R. Gira, President

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



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