

Interim Designation of Agent to Receive Notification of Claimed Infringement

047891

Full Legal Name of Service Provider: Fort Hays State University

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

Address of Service Provider: 600 Park St

Name of Agent Designated to Receive Notification of Claimed Infringement: David Schmidt

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):
Fort Hays State University, 600 Park St, Hays, KS 67601

Telephone Number of Designated Agent: (785) 628-4487

Facsimile Number of Designated Agent: (785) 628-4133

Email Address of Designated Agent: dschmidt@fhsu.edu

Signature of Officer or Representative of the Designating Service Provider: *David Schmidt* Date: 2-18-99

Typed or Printed Name and Title: DAVID SCHMIDT
DIRECTOR, COMPUTING & TELECOMMUNICATIONS CENTER

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

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