

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

Full Legal Name of Service Provider: Loyola University New Orleans

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

Address of Service Provider: 6363 St. Charles Ave. New Orleans, Louisiana 70118

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael Klein

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):
Michael Klein, Loyola University New Orleans, Information Technology
6363 St. Charles Ave. Campus Box 161 New Orleans. La. 70118

Telephone Number of Designated Agent: 504-865-3470

Facsimile Number of Designated Agent: 504-865-2021

Email Address of Designated Agent: klein@loyno.edu

Signature of Officer or Representative of the Designating Service Provider: _____ Date: 2/12/04

Typed or Printed Name and Title: Bret L. Jacobs
Executive Director of Information Technology

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

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