

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

Full Legal Name of Service Provider: WILLAMETTE UNIVERSITY

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

Address of Service Provider: 900 STATE ST SALEM OR 97301

Name of Agent Designated to Receive Notification of Claimed Infringement: JOHN P CALLAHAN

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):

900 STATE ST
SALEM OR 97301

Telephone Number of Designated Agent: (503) 375-5495

Facsimile Number of Designated Agent: (503) 375-5456

Email Address of Designated Agent: jcallaha@willamette.edu

Signature _____ **r Representative of the Designating Service Provider:**
Date: 2/1/99

Typed or Printed Name and Title: Linda Mantel
Interim Vice President-Academic Administration
Willamette University

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



RECEIVED

FEB 8, 1999
COPYRIGHT OFFICE