

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

Full Legal Name of Service Provider: Missouri Western State College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): None

Address of Service Provider: 4525 Downs Drive, St. Joseph, MO 64507

Name of Agent Designated to Receive Notification of Claimed Infringement: Julia Schneider

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):
4525 Downs Drive
St. Joseph, MO 64507

Telephone Number of Designated Agent: (816) 271-4369

Facsimile Number of Designated Agent: (816) 271-4574

Email Address of Designated Agent: schneide@mwsc.edu

Signature: [Handwritten Signature] **ive of the Designating Service Provider:**
Date: 12/22/98

Typed or Printed Name and Title: Mark Mabe
Computer Center Director

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

RECEIVED

JAN 19 1999

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