

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

Full Legal Name of Service Provider: Mount Mercy College

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

Address of Service Provider: 1330 Elmhurst Dr NE Cedar Rapids, IA

Name of Agent Designated to Receive Notification of Claimed Infringement: Marilyn Murphy

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):

1330 Elmhurst Dr NE
Cedar Rapids, IA 52402

Telephone Number of Designated Agent: 319-368-6465

Facsimile Number of Designated Agent: 319-363-9060

Email Address of Designated Agent: marilyn@mme.mtmercy.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 9-25-02

Typed or Printed Name and Title: Marilyn Murphy,
Director of Library Services

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

RECEIVED

OCT 24 2002

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