

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Mount Vernon Nazarene University

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

Address of Service Provider: 800 Martinsburg Rd. Mount Vernon, OH 43050

Name of Agent Designated to Receive Notification of Claimed Infringement: Tim Myatt

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):
800 Martinsburg Rd. Mount Vernon, OH 43050

Telephone Number of Designated Agent: (740) 392-6868 x 4220

Facsimile Number of Designated Agent: (740) 397-8847

Email Address of Designated Agent: tmyatt@mvnu.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 4/28/05

Typed or Printed Name and Title: Randie L. Timpe
Vice President for Academic Affairs

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

SCANNED 1/20/06

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JAN 05 2006

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