

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

Full Legal Name of Service Provider: American University

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

Address of Service Provider: 4400 Massachusetts Avenue, NW, Washington, DC 20016

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Bethany J. Bridgham

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):
American University, University Counsel, Leonard Hall
4400 Massachusetts Avenue, NW, Washington, DC 20016-8165

Telephone Number of Designated Agent: (202)885-3285

Facsimile Number of Designated Agent: (202)885-3273

Email Address of Designated Agent: bjbesq@american.edu

Signature of Designating Service Provider: _____
Date: December 29, 1999

Typed or Printed Name and Title: Bethany J. Bridgham, Associate University Counsel

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

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