

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

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Full Legal Name of Service Provider: Appalachian State University

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

Address of Service Provider: appstate.edu

Name of Agent Designated to Receive Notification of Claimed Infringement: Steve D. Hopper

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):
Room 1131 Raley Hall
Boone, NC 28608

Telephone Number of Designated Agent: 828-262-6279

Facsimile Number of Designated Agent: 828-262-2236

Email Address of Designated Agent: webmaster@appstate.edu

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 2/2/99

Typed or Printed Name and Title: Harvey R. Durham, Provost and Executive Vice
Chancellor

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

