

FILED 17 35 21741PP707 5888 COPYRIGHT OFFICE P. 002/002

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

Full Legal Name of Service Provider: Middle Tennessee State University

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

Address of Service Provider: East Main Street, Murfreesboro, Tennessee 37132

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Barbara S. Haskew

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):  
Dr. Barbara S. Haskew, Provost and Vice President for Academic Affairs  
Middle Tennessee State University  
119 Cape Administration Building  
Murfreesboro, Tennessee 37132

Telephone Number of Designated Agent: 615-898-2880

Facsimile Number of Designated Agent: 615-898-2507

Email Address of Designated Agent: BHASKEW@MTSU.EDU

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 2-17-99

Typed or Printed Name and Title: Dr. James E. Walker, President

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

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