

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

Full Legal Name of Service Provider: ~~Penn State~~ Milton S. Hershey Medical Center

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Penn State College of Medicine,
Penn State Children's Hospital, *Penn State Milton S. Hershey Medical Center*

Address of Service Provider: 500 University Drive Hershey, PA 17033

Name of Agent Designated to Receive
Notification of Claimed Infringement: Matthew W. Weber

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):
The Milton S. Hershey Medical Center 500 University Drive Hershey, PA 17033

Telephone Number of Designated Agent: (717) 531-5904

Facsimile Number of Designated Agent: (717) 531-5068

Email Address of Designated Agent: mweber@psu.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 7/26/04

Typed or Printed Name and Title: Wayne Zolko Associate Vice President for Finance
and Business, Controller College of Medicine, Campus CFO

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

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