

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

Full Legal Name of Service Provider: Murray State University

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

Address of Service Provider: P.O. Box 9, Murray, KY 42071

Name of Agent Designated to Receive
Notification of Claimed Infringement: Janice E. Thomasson

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):

112 Industry & Technology Building
Murray, KY 42071-3347

Telephone Number of Designated Agent: (270) 762-2155

Facsimile Number of Designated Agent: (270) 762-3465

Email Address of Designated Agent: janice.thomasson@murraystate.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: _____

Signature of Officer or Representative of the Designating Service Provider: _____
Date: April 30, 2004

Typed or Printed Name and Title: Janice E. Thomasson, Chief Information Officer, Murray State University

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

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SCANNED 25 OCT 04

RECEIVED

JUN 22 2004

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