Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Baylor College of Dentistry, A Member of The Texas A * M University System
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Bay for College of Dentistry, TAMBED, EDU
Address of Service Provider: 3302 Guston Avenue, Dallus, Texas 75246
Name of Agent Designated to Receive Notification of Claimed Infringement: Emef Schneiderman
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); Emet Schneiderman, Information Technology Services, Baylor College of Dentistry, Texas Asiry University, System, 3302 Guston Av. Ballus TX
Telephone Number of Designated Agent: 214-828-8432
Facsimile Number of Designated Agent: 314-874-4557
Email Address of Designated Agent: eme+@ tambcd.edu
Signature of Officer or Representative of the Designating Service Provider: Date: 1/12/99
Typed or Printed Name and Title: FRIC SOLOMON
Associate Dean for Institution Research + Internation Technology

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



RECEIVED

JAN 1 9 1999

COPYRIGHT OFFICE