Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Taylor University College of Lifelong Lean
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Taylor University CUL Taylor University World Wide Compus
Address of Service Provider: 1025 W. Rudisill Blud., Fort Wayne, IN 46807
Name of Agent Designated to Receive Notification of Claimed Infringement: Iricia Halferty, Director of Marketing and Communications
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):
ATTN: Tricia Halferty, Director of Marketing and Communications 1026 W. Rudisill Blud. Fort Wayne, Indiana 46807 Telephone Number of Designated Agent: (219) 744-8743
Facsimile Number of Designated Agent: (219) 744-8796
Email Address of Designated Agent: +rhalferty @ tayloru, edu
Signature of Officer or Re f the Designating Service Provider: Date: 9/9/6/
Typed or Printed Name and Title: Torry S. Wise, Vice Hesident for the College of Lifelong Learning.

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

RECEIVED

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