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

| Full Legal Name of Service Provider: Texas A & M University-Texarkana  Alternative Name(s) of Service Provider (including all names under which the service |   |
|---|---|
| provider is doing business): N/A  |   |
|   |   |
| Address of Service Provider: 2600 North   | Robison Road, Texarkana, Texas 75503  |
| Name of Agent Designated to Receive  Notification of Claimed Infringement: Anson H. Godfrey, Jr.  |   |
| Full Address of Designated Agent to which or similar designation is not acceptable except where it location):   | ch Notification Should be Sent (a P.O. Box is the only address that can be used in the geographic |
| <u>2600 North Robison Road</u><br>P. O. Box 5518, Texarkana,  | Texas 75505   |
| Telephone Number of Designated Agent:   |   |
| Facsimile Number of Designated Agent:_  | (903) 832-8890  |
| Email Address of Designated Agent:  | anson.godfrey@tamut.edu   |
| Signature of Ution  | e Designating Service Provider:  Date: December 22, 1998  |
| Typed or Printed Name and Title:  | Anson H. Godfrey, Jr. Director of Technology and Distance Educatio                                |

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



RECEIVED

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