

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Thomas More College

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

Address of Service Provider: 333 Thomas More Parkway
Crestview Hills, KY 41017

Name of Agent Designated to Receive
Notification of Claimed Infringement: Jay P. Blum

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):

Thomas More College
333 Thomas More Parkway
Crestview Hills, KY 41017

Telephone Number of Designated Agent: 606-344-3352

Facsimile Number of Designated Agent: 606-344-3649

Email Address of Designated Agent: jblum@thomasmore.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 11 March 1999

Typed or Printed Name and Title: Jay P. Blum, Director of IT/Controller

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

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RECEIVED

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