

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

Full Legal Name of Service Provider: Troy State University

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

Address of Service Provider: University Ave., Troy, AL 36082

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. William E. Flinn

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):

247 Adams Administration Bldg.
Troy, AL 36082

Telephone Number of Designated Agent: (334) 670-3628

Facsimile Number of Designated Agent: (334) 670-3931

Email Address of Designated Agent: wflinn@trojan.troyst.edu

Signature of Officer of the

Designating Service Provider:

Date: 7-7-2000

Typed or Printed Name and Title: Dr. Douglas Patterson
Vice Chancellor

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

RECEIVED

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