Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Virginia Commonwealth University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Virginia Commonwealth University Health System

Address of Service Provider: Richmond, Virginia.*

*Per phone call 5/7/01, address is same as that given for agent.

Name of Agent Designated to Receive Notification of Claimed Infringement: Phyllis C. Self

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):

University AT Security Officer
901 Park Avenue, Suite 440
Richmond, VA 23284-3059

Telephone Number of Designated Agent: 804-828-6535

Facsimile Number of Designated Agent: 804-828-9001

Email Address of Designated Agent: dmca-agent@vcu.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: March 28, 2001

Typed or Printed Name and Title: Phyllis C. Self
Vice Provost for Academic Technology
and Chief Information Officer

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

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