

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

Full Legal Name of Service Provider: Salve Regina University

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

Address of Service Provider: 150 Ochre Point Avenue Newport RI 02840

Name of Agent Designated to Receive Notification of Claimed Infringement: Thomas Brennan

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):

Office of Information Technologies Salve Regina University
150 Ochre Point Avenue Newport RI 02840

Telephone Number of Designated Agent: 401-341-3232

Facsimile Number of Designated Agent: 401-341-2997

Email Address of Designated Agent: brennant@salve.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1/4/04

Typed or Printed Name and Title: William B. Hall
VP/ Finance and Business Affairs

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

JAN 27 2004

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