

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

Full Legal Name of Service Provider: _____
Sam Houston State University

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

Address of Service Provider: P.O. Box 2449 Huntsville, TX 77341

Name of Agent Designated to Receive Notification of Claimed Infringement: _____
Dr. Richard J. Wood

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):
Newton Gresham Library

Sam Houston State University, 1830 Ave. H Huntsville, TX 77340
Mailing: P.O. Box 2281 Huntsville, TX 77341-2281

Telephone Number of Designated Agent: _____
409-294-1613

Facsimile Number of Designated Agent: _____
409-294-3780

Email Address of Designated Agent: _____
wood@shsu.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11-31-98

Typed or Printed Name and Title: _____
B. K. Marks, President

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

RECEIVED

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