

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

Full Legal Name of Service Provider: Southern Illinois University at Edwardsville

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

Address of Service Provider: Edwardsville, IL 62026

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Kim Kirn

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):

Campus Box 1019

SIUE

Edwardsville, IL 62026

Telephone Number of Designated Agent: 618-650-2514

Facsimile Number of Designated Agent: 618-650-2270

Email Address of Designated Agent: kkirn@siue.edu

Signature of Officer or Representative of the Designating Service Provider:

Date:

Typed or Printed Name and Title: Jay Starratt, Dean, Library and Information Services

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

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