

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

**Full Legal Name of Service Provider:** Board of Governors of Southwest  
Missouri State University

**Alternative Name(s) of Service Provider (including all names under which the service  
provider is doing business):** Southwest Missouri State University

**Address of Service Provider:** 901 South National Ave., Springfield, MO 65804

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Dr. Kathy J. Pulley

**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):  
Dr. Kathy J. Pulley, Associate Vice President for Academic Affairs, Southwest  
Missouri State University, 901 S. National, Springfield, MO 65804

**Telephone Number of Designated Agent:** (417) 836-5022

**Facsimile Number of Designated Agent:** (417) 836-8432

**Email Address of Designated Agent:** kjp093f@mail.smsu.edu

**Signature of Officer  or Representative of the Designating Service Provider:**  
Date: 1-4-99

**Typed or Printed Name and Title:** Dr. Kathy J. Pulley, Associate Vice  
President for Academic Affairs

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

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**RECEIVED**

**JAN 11 1999**

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