

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Southern Illinois University Edwardsville

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

Address of Service Provider: Campus Box 1019, 3316 Rendleman Bldg, Edwardsville IL 62026

Name of Agent Designated to Receive Notification of Claimed Infringement: Jeffrey C. McLellan, Sr. Associate General Counsel

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 General Counsel, Campus Box 1019, Southern Illinois University Edwardsville, Edwardsville IL 62026

Telephone Number of Designated Agent: 618-650-2514

Facsimile Number of Designated Agent: 618-650-2270

Email Address of Designated Agent: jmclell@siue.edu

Signature of ~~Officer~~ ^{or} Representative of the Designating Service Provider: _____ Date: 8/9/06

Typed or Printed Name and Title: Vaughn Vandegrift, Chancellor

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

SCANNED 10 02-2006



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