

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

Full Legal Name of Service Provider: The State University of Iowa

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

Address of Service Provider: 4 Jessup Hall, Iowa City, IA 52242

Name of Agent Designated to Receive Notification of Claimed Infringement: Jane Drews

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):

204 Lindquist Center S, University of Iowa, Iowa City, IA 52242-1589

Telephone Number of Designated Agent: 319-335-6332

Facsimile Number of Designated Agent: 319-335-5505

Email Address of Designated Agent: it-security@uiowa.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: _____

Typed or Printed Name and Title: Michael Finnegan, University Business Mgr.

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

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