

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

Full Legal Name of Service Provider: Walden University, Inc.

**Alternative Name(s) of Service Provider
(including all names under which the
service provider is doing business):** Walden Institute for Learning and Leadership

Address of Provider: Walden Center
24311 Walden Center Drive
Bonita Springs, FL 34134

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jeff Konzak, President

**Full Address of Designated Agent to
Which Notification Should be sent:** Walden Institute for Learning and Leadership
Walden Center
24311 Walden Center Drive
Bonita Springs, FL 34134

Telephone Number of Designated Agent: (941) 498-4700 ext. 108

Facsimile Number of Designated Agent: (941) 948-1020

Email Address of Designated Agent: jkonzak@waldeninstitute.com

Signature of Officer or Representative of the Designated Service Provider:

Date: 9/8/99

Typed or Printed Name and Title: Jeff Konzak, President
Walden Institute for Learning and Leadership

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

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