

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

**Full Legal Name of Service Provider:** DePauw University

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

**Address of Service Provider:** 602 South College Avenue, Greencastle, IN 46135

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Michael Moore

**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):  
Computing Services Rm. 100, 602 South College Avenue, Greencastle, IN 46135

**Telephone Number of Designated Agent:** (765) 658-4296

**Facsimile Number of Designated Agent:** (765) 658-4310

**Email Address of Designated Agent:** mikemoore@depauw.edu

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** May 20, 1999

**Typed or Printed Name and Title:** Michael Moore  
Director of Computer Operations

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

**RECEIVED**

**JUN 2 1999**

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