

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

Full Legal Name of Service Provider: Dominican University

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

Address of Service Provider: 7900 W. Division St. River Forest, IL 60305

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Inez Ringland

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):
Dominican University, 7900 W. Division St., River Forest, IL 60305

Telephone Number of Designated Agent: 708-524-6873

Facsimile Number of Designated Agent: 708-366-5360

Email Address of Designated Agent: ringland@dom.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 09/24/02

Typed or Printed Name and Title: Inez Ringland, Associate Dean of Information Services

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.



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