Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

| Alternative Name(s) of Service | Provider (including all names under which the service |
|--|--|
| provider is doing business): | |
| | |
| | |
| Adding a Committee Description | 2507 Hadronado Arra D. W. C. TA 50211 |
| Address of Service Provider: | 2507 University Avenue, Des Moines, IA 50311 |
| Name of Agent Designated to F | Receive |
| Notification of Claimed Infring | |
| | |
| | ent to which Notification Should be Sent (a P.O. Box scept where it is the only address that can be used in the geographic |
| • | ke University, Office of the Provest. |
| 2507 University Avenue, | Des Moines, IA 50311 |
| Telephone Number of Designat | ted Agent: 515-271-4985 |
| Facsimile Number of Designate | ed Agent: 515-271-3016 |
| Email Address of Designated A | Agent: sandra.smeltzer@drake.edu |
| | to be Amended, by Service Provider Name and Filing |
| Date, so that it may be Readily L | Located in the Directory Maintained by the Copyright ate (Philip A. Houle) to Sandra K. Smeltzer |
| | ite (Intlip A. Moule) to Bandia R. Smeltzel |
| Signatura & C.C. | **tive of the Designating Service Provider: |
| | Date: September 19, 2001 |
| · | |
| and the second s | |

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

