

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

Full Legal Name of Service Provider: Drury University

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

Address of Service Provider: 900 North Benton, Springfield, MO 65802

**Name of Agent Designated to Receive Notification of Claimed
Infringement:** Stephen K. Stoan

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):

F.W. Olin Library

Drury University

Springfield MO 65802

Telephone Number of Designated Agent: 417-873-7282

Facsimile Number of Designated Agent: 417-873-7432

Email Address of Designated Agent: sstoan@drury.edu

Signature _____ **of the Designating Service Provider:**

Date: April 13, 2000

Typed or Printed Name and Title:

Stephen H. Good

Vice President for Academic Affairs

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

Mail form to: Copyright GC/I&R, P.O. Box 70400, Southwest Station, Washington, D.C. 20024.

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