

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

Full Legal Name of Service Provider: Cameron University

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

Address of Service Provider: 2800 W. Gore Blvd., Lawton, OK 73505-6377

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Dr. Sylvia Burgess

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):
2800 W. Gore Blvd., Admin. Building Room #230B, Lawton, OK 73505-6377

Telephone Number of Designated Agent: 580-581-2264

Facsimile Number of Designated Agent: 580-581-2573

Email Address of Designated Agent: sylviab@cameron.edu

Signature of Officer or Representative of the Designating Service Provider:
_____ **Date:** 12/7/98

Typed or Printed Name and Title: Dr. Sylvia Burgess, Assistant Provost for Special Projects

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

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