

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

Full Legal Name of Service Provider: Oklahoma Baptist University

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

Address of Service Provider: 500 W. University - OBU Box 61310 Shawnee, OK. 74804

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Jonathan Sparks

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):

500 W. University - OBU Box 61310
Shawnee, OK 74804-2590

Telephone Number of Designated Agent: (405) 878-2249

Facsimile Number of Designated Agent: (405) 878-2256

Email Address of Designated Agent: Jonathan.Sparks@okbu.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: Oct. 2, 2003

Typed or Printed Name and Title: Dr. Jonathan Sparks
Dean of Library Services

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

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OCT 14 2003

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