

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

**Full Legal Name of Service Provider:** Otterbein College

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

**Address of Service Provider:** Westerville, OH 43081

**Name of Agent Designated to Receive Notification of Claimed Infringement:** John Lateulere

**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):  
Information Technology, Otterbein College, Westerville, OH 43081

**Telephone Number of Designated Agent:** 614-823-1873

**Facsimile Number of Designated Agent:** 614-823-3276

**Email Address of Designated Agent:** JLateulere@otterbein.edu

**Signature of Officer or Representative of the Designating Service/Provider:**

Date: 12/9/98

**Typed or Printed Name and Title:** Stephen Storck, Vice President for Business Affairs

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

**RECEIVED**

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