

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Hollins University

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

Address of Service Provider: P.O. Box 9000 Roanoke, VA 24020-1000

Name of Agent Designated to Receive

Notification of Claimed Infringement: Diane J. Graves, Dean of Lib & Info. Svcs.

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):

Wyndham Robertson Library, 7950 East Campus Drive

Hollins University, Roanoke, VA 24020

Telephone Number of Designated Agent: 540-362-6232

Facsimile Number of Designated Agent: 540-362-6756

Email Address of Designated Agent: dgraves@hollins.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: Feb. 17, 2000

Typed or Printed Name and Title: Diane J. Graves

Dean of the Library and Information Services

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

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