

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

Full Legal Name of Service Provider: Georgia Southern University

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

Address of Service Provider: Highway 301 South, Statesboro, GA 30460

Name of Agent Designated to Receive
Notification of Claimed Infringement: E. Lee Davis

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):

Office of Legal Affairs, Georgia Southern University, Southern Drive, Statesboro, GA
30460-8020

Telephone Number of Designated Agent: 912/486-7481

Facsimile Number of Designated Agent: 912/486-7488

Email Address of Designated Agent: leedavis@georgiasouthern.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 7 Oct 05

Typed or Printed Name and Title: E. Lee Davis, Associate Vice President for Legal Affairs

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

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