

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

**Full Legal Name of Service Provider:** Gonzaga University

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

**Address of Service Provider:** E. 502 Boone Ave., Spokane, WA 99258

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Christopher Gill

**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):  
E. 502 Boone Ave. AD Box 95 Spokane, WA 99258-0095

**Telephone Number of Designated Agent:** (509) 323-3827

**Facsimile Number of Designated Agent:** (509) 323-5727

**Email Address of Designated Agent:** gill@its.gonzaga.edu

**Signature** \_\_\_\_\_ **Representative of the Designating Service Provider:**

**Date:** 6/25/99

**Typed or Printed Name and Title:** Robert L. Burr  
Associate Academic Vice President for Information and Technology Services

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

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**RECEIVED**

**JUL 8 1999**

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