

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

Full Legal Name of Service Provider: Governors State University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): None

Address of Service Provider: 1 University Parkway University Park, IL 60466-0975

Name of Agent Designated to Receive Notification of Claimed Infringement: Diane Dates Casey

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):

1 University Parkway
Universtiy Park, IL 60466-0975

Telephone Number of Designated Agent: 708-534-4110

Facsimile Number of Designated Agent: 708-534-4564

Email Address of Designated Agent: d-casey@govst.edu

Signature of Officer or Representative of the Designating Service Provider:
_____ Date: 3/16/05

Typed or Printed Name and Title: Diane Dates Casey Dean, Library Services/
Academic Computing, University Copyright Administrator

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

SCANNED 4 / 2 7 / 0 5

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RECEIVED

APR 06 2005

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