

RECEIVED

FEB 17 2000

COPYRIGHT OFFICE

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Gustavus Adolphus College

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

Address of Service Provider: 800 West College Avenue
St. Peter, Minnesota 56082

Name of Agent Designated to Receive Notification of Claimed Infringement: Bruce Aarsvold

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):

800 WEST COLLEGE AVENUE, OLIN HALL 120
ST. PETER, MN. 56082

Telephone Number of Designated Agent: 507 933 7020

Facsimile Number of Designated Agent: 507 933 6316

Email Address of Designated Agent: aarsvold@gustavus.edu

Signature of _____ of the Designating Service Provider:

Date: 11/12/99

Typed or Printed Name and Title: Bruce Aarsvold
Director of Information Technology

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

Post-it® Fax Note	7671	Date: <u>2/12</u>	# of pages: <u>1</u>
To		From	
Co./Dept.		Co. <u>Gustavus College</u>	
Phone #		Phone #	
Fax # <u>202-707-9284</u>		Fax #	

109853280

