

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

Full Legal Name of Service Provider: Lyon College

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

Address of Service Provider: 2300 Highland Rd, Batesville, AR 72501

Name of Agent Designated to Receive

Notification of Claimed Infringement: John M. Peek

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):

John M. Peek, Vice President for Academic Services, Lyon College
2300 Highland Rd, Batesville, AR 72501

Telephone Number of Designated Agent: 870-698-4202

Facsimile Number of Designated Agent: 870-698-4622

Email Address of Designated Agent: jpeek@lyon.edu

Signature of _____ Representative of the Designating Service Provider:

Date: 12/16/02

Typed or Printed Name and Title: John M. Peek, Vice President for
Academic Services and Dean of the Faculty

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

RECEIVED

JAN 10 2003

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