

RECEIVED

MAR 20 2000

Interim Designation of Agent to Receive Notification  
of Claimed Infringement

COPYRIGHT OFFICE

Full Legal Name of Service Provider: ASHLAND UNIVERSITY

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

Address of Service Provider: 401 COLLEGE AVE ASHLAND OHIO 44805

Name of Agent Designated to Receive Notification of Claimed Infringement: DR CHRISTY CRUTE

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):  
ASHLAND UNIVERSITY PATTERSON TECHNOLOGY CENTER RM 100 ASHLAND OHIO 44805

Telephone Number of Designated Agent: \_\_\_\_\_

Facsimile Number of Designated Agent: \_\_\_\_\_

Email Address of Designated Agent: CCRUTE@ASHLAND.EDU

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 2-16-00

Typed or Printed Name and Title: DR GENE TELEGO ASSOC. PROVOST

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

113577336

