

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

**Full Legal Name of Service Provider:** College of Saint Benedict

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

**Address of Service Provider:** 37 S. College Ave, Main Bldg St. Joseph, MN 56374

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Provost Office For Academic Affairs

**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):  
Provost Office For Academic Affairs, College of Saint Benedict  
37 S. College Ave, Main Bldg St. Joseph, MN 56374

**Telephone Number of Designated Agent:** (320) 363-5503

**Facsimile Number of Designated Agent:** (320) 363-5504

**Email Address of Designated Agent:** nthorburn@csbsju.edu

**Signature of Officer or Representative of the Designating Service Provider:**

Date: 12/14/99

**Typed or Printed Name and Title:** James J. Koenig, Director of IT Services

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

**RECEIVED**

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