

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

Full Legal Name of Service Provider: Commonwealth Virtual University/Commonwealth Virtual Library

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

Address of Service Provider: Council on Postsecondary Education
Suite 320, 1024 Capital Center Drive, Frankfort, KY 40601

Name of Agent Designated to Receive Notification of Claimed Infringement: Dennis L. Taulbee

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):

Council on Postsecondary Education

Suite 320

1024 Capital Center Drive
Frankfort KY 40601

Telephone Number of Designated Agent: 502/573-1555

Facsimile Number of Designated Agent: 502/573-1535

Email Address of Designated Agent: dennis.taulbee@mail.state.ky.us

Signature of Officer or Representative of the Designating Service Provider:

Date: December 29, 1998

Typed or Printed Name and Title: Dennis L. Taulbee

Associate Vice President for Staff Services/General Counsel

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

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