

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

Full Legal Name of Service Provider: Concordia Seminary

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

Address of Service Provider: Concordia Seminary, 801 DeMun Avenue, St. Louis, MO 631

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Gerard Bohlmann

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):
Concordia Seminary, 801 DeMun Avenue, St. Louis, MO 63105

Telephone Number of Designated Agent: 314-505-7230

Facsimile Number of Designated Agent: 314-505-7220

Email Address of Designated Agent: bohlmanngj@csl.edu

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

Date: 2/5/02

Typed or Printed Name and Title: John F. Johnson, President

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

RECEIVED

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