

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

Full Legal Name of Service Provider: Concordia University, Ann Arbor, MI

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

Address of Service Provider: 4090 Geddes Road, Ann Arbor, MI 48105

Name of Agent Designated to Receive Notification of Claimed Infringement: Richard Buesing

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):
4090 Geddes Road, Ann Arbor, MI 48105

Telephone Number of Designated Agent: 734.995.7354

Facsimile Number of Designated Agent: 734.995.7405

Email Address of Designated Agent: buesir@cuaa.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10-17-2001

Typed or Printed Name and Title: Brian Heinemann
Dean of Information Technology

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

RECEIVED

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