

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

Full Legal Name of Service Provider: Concordia University Irvine

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

Address of Service Provider: 1530 Concordia West, Irvine, CA 92612

Name of Agent Designated to Receive Notification of Claimed Infringement: Diane Gaylor

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):
Diane Gaylor, 1530 Concordia West, Irvine, CA 92612

Telephone Number of Designated Agent: (949) 854-8002 (x. 531)

Facsimile Number of Designated Agent: (949) 854-6893

Email Address of Designated Agent: _____

Signature of Officer or Representative of the Designating Service Provider:

[Handwritten Signature] Date: 2-4-99

Typed or Printed Name and Title: Hal Whelpley, Jr., Vice President,
Information 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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