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# Interim Designation of Agent to Receive Notification of Claimed Infringement

APR 06 1999

**Full Legal Name of Service Provider:** Indiana State University

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

Address of Service Provider: 210 N. 7th St., Terre Haute, Indiana 47809

**Name of Agent Designated to Receive Notification of Claimed Infringement** Phil Redenbarger

**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): Technology Services Center
Indiana State University
Terre Haute, Indiana 47809

**Telephone Number of Designated Agent** (812) 237-3355

**Facsimile Number of Designated Agent** (812) 237-3902

**Email Address of Designated Agent** tchreden@ruby.indstate.edu

Signature of Officer or Representative of the Designating Service Provider: _____ Date: MARCH 24, 1999

Typed or Printed Name and Title: Director of Technology Services Center
PHILIP D. REDENBARGER

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

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