

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

Full Legal Name of Service Provider: Tarleton State University

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

Address of Service Provider: 1333 W. Washington Stephenville, TX 76402

Name of Agent Designated to Receive Notification of Claimed Infringement: Rebecca G. Gray

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):
Rebecca G. Gray Tarleton State University Box T-0220 Stephenville, TX 76402

Telephone Number of Designated Agent: (254) 968-9473

Facsimile Number of Designated Agent: (254) 968-1873

Email Address of Designated Agent: rgray@tarleton.edu

Signature: _____ of Representative of the Designating Service Provider:
Date: October 7, 2005

Typed or Printed Name and Title: Dennis P. McCabe
President, CEO

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

SCANNED 11 / 08 / 05

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