

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

Full Legal Name of Service Provider: Wayne State University

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

Address of Service Provider: 656 W. Kirby, Detroit, MI 48202

Name of Agent Designated to Receive Notification of Claimed Infringement: James Johnson

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):
293 Computing Center, 5925 Woodward Ave., Detroit MI 48202

Telephone Number of Designated Agent: (313) 577-2095

Facsimile Number of Designated Agent: (313) 577-5500

Email Address of Designated Agent: ae7958@wayne.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: February 2, 1999

Typed or Printed Name and Title: Vice President, Computing and Information Technology

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

RECEIVED

FEB 23 1999
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