

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

Full Legal Name of Service Provider: West Texas A&M University

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

Address of Service Provider: 2501 4th Ave. Canyon, TX 79016

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Dr. Vaughn Nelson

**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):**

WTAMU Box 60215
Canyon, TX 79016-0001

Telephone Number of Designated Agent: (806)651-2730

Facsimile Number of Designated Agent: (806)651-2733

Email Address of Designated Agent: vnelson@mail.wtamu.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 01/06/99

Typed or Printed Name and Title: Dr. Vaughn Nelson, Dean of Graduate School,
Research and 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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