

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

**Full Legal Name of Service Provider:** Baylor College of Medicine

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

**Address of Service Provider:** One Baylor Plaza, Houston, TX 77030

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Patrick Turley

**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):  
Office of General Counsel, Suite 106A, One Baylor Plaza, Houston, TX 77030

**Telephone Number of Designated Agent:** 713-798-6137

**Facsimile Number of Designated Agent:** 713-798-6368

**Email Address of Designated Agent:** pturley@bcm.tmc.edu

**S** \_\_\_\_\_ **Representative of the Designating Service Provider:**

Date: March 16, 2000

**Typed or Printed Name and Title:** Patrick Turley, Associate General Counsel

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

**RECEIVED**

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