

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

**Full Legal Name of Service Provider:** Bob Jones University

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

**Address of Service Provider:** 1700 Wade Hampton Blvd., Greenville, SC 29614

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Marvin Reem

**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):  
1700 Wade Hampton Blvd., Greenville, SC 29614

**Telephone Number of Designated Agent:** (864) 241-1640

**Facsimile Number of Designated Agent:** (864) 242-9825

**Email Address of Designated Agent:** CIO@bjv.edu



\_\_\_\_\_  
of the Designating Service Provider:  
Date: 5/26/14

**Typed or Printed Name and Title:** Marvin P. Reem  
Chief Information Officer

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

**\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

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# Addendum A

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