



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

**Full Legal Name of Service Provider:** Buena Vista University

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

**Address of Service Provider:** 610 W. Fourth Street, Storm Lake, IA 50588

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Stephanie Wilhelm, Director of Admin. Systems

**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):

Attn: Stephanie Wilhelm, BVU  
610 W. Fourth Street, Storm Lake, IA 50588

**Telephone Number of Designated Agent:** 712-749-2387

**Facsimile Number of Designated Agent:** 712-749-2366

**Email Address of Designated Agent:** steph@bvu.edu

**Signature of the Designating Service Provider:**

Date: Sept. 10, 2013

**Typed or Printed Name and Title:** Liz Merten, Vice President of Business Services

**Note: This Interim Designation Must be Accompanied by a Filing Fee\***

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