

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

Full Legal Name of Service Provider: Dakota Wesleyan University

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

Address of Service Provider: 1200 W. University Ave., Mitchell, SD 57301

Name of Agent Designated to Receive Notification of Claimed Infringement: Kevin Kenkel

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):
Layne Library, Dakota Wesleyan University, 1200 W. University Ave., Mitchell, SD 57301

Telephone Number of Designated Agent: 605-995-2617

Facsimile Number of Designated Agent: 605-995-2893

Email Address of Designated Agent: kekenkel@dwu.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 2/2/2004

Typed or Printed Name and Title: Dr. Don Watt, Vice President for Academic Affairs/Dean

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

FEB 23 2004

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