

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

Full Legal Name of Service Provider: Francis Marion University

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

Address of Service Provider: 4822 East Palmetto Street, Florence, SC 29507


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

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):
Kevin Torgersen, Francis Marion University, Campus Technology
Stanton Academic Computer Center, Room 108

Telephone Number of Designated Agent: 843.661.1340

Facsimile Number of Designated Agent: 843.661.1625

Email Address of Designated Agent: ktorgersen@fmarion.edu

 **Representative of the Designating Service Provider:** _____
Date: 6/21/2010

Typed or Printed Name and Title: John Dixon, 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**

**Scanned
JUL 20 2010**

Mail the form to:
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