

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

Full Legal Name of Service Provider: Kirksville College of Osteopathic
Medicine

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

Address of Service Provider: 800 W. Jefferson, Kirksville, MO 63501

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Bryan Krusniak, Director Computing Serv.

**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):**

800 W. Jefferson
Kirksville, MO 63501

Telephone Number of Designated Agent: 660-626-2604

Facsimile Number of Designated Agent: 660-626-2099

Email Address of Designated Agent: BKrusniak@kcom.edu

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 4/02/01

Typed or Printed Name and Title: _____

Bryan Krusniak, Director of Computing Services

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

RECEIVED

APR 18 2001

COPYRIGHT OFFICE

120237134



120237134