

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

Full Legal Name of Service Provider: LAWRENCE UNIVERSITY

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

Address of Service Provider: 115 S. DREW ST. APPLETON, WI 54911

Name of Agent Designated to Receive Notification of Claimed Infringement: PETER GILBERT

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):

AS ABOVE

Telephone Number of Designated Agent: 920 - 832 - 6700

Facsimile Number of Designated Agent: 920 - 832 - 6978

Email Address of Designated Agent: peter.j.gilbert@lawrence.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 2/11/99

Typed or Printed Name and Title: Brian Rosabers, Dir. of the Faculty

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

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RECEIVED

MAY 18 1999

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