

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

Full Legal Name of Service Provider: Lewis University

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

Address of Service Provider: One University Parkway, Romeoville, IL 60446

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Michele Young

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):
Lewis University, One University Parkway, Romeoville, IL 60446

Telephone Number of Designated Agent: 815-836-5517

Facsimile Number of Designated Agent: 815-838-8990

Email Address of Designated Agent: youngmi@lewisu.edu

Signature of Officer or Representative of the Designating Service Provider:
[Redacted Signature] Date: 10/26-2011

Typed or Printed Name and Title: Dr. Michele Young, Special Assistant to the Provost

**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**

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