

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

Full Legal Name of Service Provider: Northwestern University

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

Address of Service Provider: 633 Clark Street, Evanston, IL 60208

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Roger Safian

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):
Northwestern University, Leverone Hall, G166, 2001 Sheridan Road, Evanston, IL 60208

Telephone Number of Designated Agent: (847) 491-4058

Facsimile Number of Designated Agent: (847) 467-5690

Email Address of Designated Agent: DMCA-ABUSE@northwestern.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: _____

Sig: _____, **ative of the Designating Service Provider:**
Date: 3-6-03

Typed or Printed Name and Title: Roger A. Safian, Information Security Coordinator

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

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RECEIVED

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