

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

Full Legal Name of Service Provider: Northwood University

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

Address of Service Provider: 4000 Whiting Drive Midland MI 48640

Name of Agent Designated to Receive
Notification of Claimed Infringement: Robert Wisler

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):
Robert Wisler NUAC Building 4000 Whiting Drive Midland MI 48640

Telephone Number of Designated Agent: 989-837-4150

Facsimile Number of Designated Agent: 989-837-4184

Email Address of Designated Agent: bwisler@northwood.edu

Signature: _____ Date Designating Service Provider:
Date: 12-9-2003

Typed or Printed Name and Title: Robert Wisler, Director of Information Technology

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

RECEIVED

DEC 22 2003

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