

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Science Museum of Virginia

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

Address of Service Provider: 2500 West Broad Street
Richmond, VA 23220

Name of Agent Designated to Receive Notification of Claimed Infringement: Howell J Parry, Jr.

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):
Same as above

Telephone Number of Designated Agent: 804/367-1075

Facsimile Number of Designated Agent: 804/367-6541

Email Address of Designated Agent: jparry@smv.mus.va.us

Signature [Signature] Representative of the Designating Service Provider:
Date: 4/5/99

Typed or Printed Name and Title: Howell J. Parry, Jr.
Deputy Director

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



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