

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

Full Legal Name of Service Provider: St. Lawrence University

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

Address of Service Provider: 23 Romoda Dr., Canton NY 13617

Name of Agent Designated to Receive Notification of Claimed Infringement: Mark Mende

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):
Vilas Hall, St. Lawrence University
Canton, NY 13617

Telephone Number of Designated Agent: 315-229-5955

Facsimile Number of Designated Agent: 315-229-7422

Email Address of Designated Agent: mmende@stlawu.edu

Signature of _____ Representative of the Designating Service Provider:
Date: 2/28/01

Typed or Printed Name and Title: Daniel F. Sullivan, President

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

RECEIVED

MAR 29 2001

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