

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

Full Legal Name of Service Provider: University of Alaska

**Alternative Name(s) of Service Provider (including all names under which the service
provider is doing business):** _____ **University of Alaska Fairbanks** _____
_____ **University of Alaska Anchorage** _____
_____ **University of Alaska Southeast** _____

Address of Service Provider: _____ **910 Yukon Dr., Fairbanks, AK 99775** _____

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** _____ **Steven L. Smith, Chief Technology Officer**

Full Address of Designated Agent to which Notification Should be Sent

Copyright Claims Agent, Butrovich Suite 103, 910 Yukon Dr., Fairbanks, AK 99775-5320

Telephone Number of Designated Agent: _____ **+1 907 474 6309** _____

Facsimile Number of Designated Agent: _____ **+1 907 474 7127** _____

Email Address of Designated Agent: _____ **copyright@alaska.edu**

Identify the Interim Designation to be Amended,

_____ **University of Alaska, dated 5May1999, received @ Copyright Office 18May1999** _____

Signature of Officer or Representative of the Designating Service Provider:

Date: _____ **10/15/01** _____

Typed or Printed Name and Title: _____ **Steven L. Smith, Chief Technology Officer** _____

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

RECEIVED

NOV 13 2001

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