

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

Full Legal Name of Service Provider: Union University

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

Address of Service Provider: 1050 Union University Dr., Jackson, TN 38305

Name of Agent Designated to Receive Notification of Claimed Infringement: Steven L. Baker

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):

Summar Library, Union University
1050 Union University Dr., Jackson, TN 38305

Telephone Number of Designated Agent: 901-661-5410

Facsimile Number of Designated Agent: 901-661-5175

Email Address of Designated Agent: sbaker@uu.edu

Signature of Officer or Rep. _____ of the Designating Service Provider:
Date: 11-17-98

Typed or Printed Name and Title: GARY L. CARTER
V.P. - B.I.S. & FIN'AL SERVICES

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

RECEIVED

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