

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

Full Legal Name of Service Provider: University of the Sciences
In Philadelphia

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

Address of Service Provider: 600 South 43rd Street, Philadelphia, PA 19104

Name of Agent Designated to Receive Notification of Claimed Infringement: Amy Christopher


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):

4200 Woodland Avenue
Philadelphia, PA 19104-4491

Telephone Number of Designated Agent: 1-215-596-8730

Facsimile Number of Designated Agent: 1-215-596-8760

Email Address of Designated Agent: a.christ@usip.edu

Signature  **Agent of the Designating Service Provider:**
Date: 7/26/99

Typed or Printed Name and Title: Mignon Adams
Director of Library and Information Services

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

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