

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

Full Legal Name of Service Provider: Austin Peay State University

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

Address of Service Provider: 601 College Street Clarksville TN 37044

Name of Agent Designated to Receive Notification of Claimed Infringement: Reginald Wooden

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):
P.O. Box 4606
Clarksville TN 37044

Telephone Number of Designated Agent: 931-221-7689

Facsimile Number of Designated Agent: 931-221-7875

Email Address of Designated Agent: woodenr@apsu.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1/15/03

Typed or Printed Name and Title: Charles Wall Director of Information Tech.

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

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