

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

Full Legal Name of Service Provider: Boise State University

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

Address of Service Provider: 1910 University Drive, Boise ID 83725

Name of Agent Designated to Receive Notification of Claimed Infringement: Ellis Knox

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):

Office of Information Technology, Computing Services
1910 University Drive, Boise ID 83725-1410

Telephone Number of Designated Agent: 208-426-1315

Facsimile Number of Designated Agent: 208-426-4232

Email Address of Designated Agent: ELKNOX@boisestate.edu

Signature of Officer or Representative of the Designating Service Provider:

[Signature] **Date:** 01/06/99

Typed or Printed Name and Title: Director, Office of Information Technology

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

RECEIVED

JAN 19 1999

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