

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

**Full Legal Name of Service Provider:** Denison University

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Denison, denison.edu

**Address of Service Provider:** 101 North Main Street, Granville, OH 43023

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Dr. Lynn Scott Cochran

**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):  
Denison Libraries, Denison University  
101 N. Main Street, Granville, OH 43023

**Telephone Number of Designated Agent:** 740-587-6215

**Facsimile Number of Designated Agent:** 740-587-6285

**Email Address of Designated Agent:** Cochrane@denison.edu

**Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office:** Denison University, September 30, 1999

**\_\_\_\_\_ Representative of the Designating Service Provider:**  
**\_\_\_\_\_ Date:** 10/16/01

**Typed or Printed Name and Title:** David R. Anderson, Provost

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



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