

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

Full Legal Name of Service Provider: Duke University

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

Address of Service Provider: 334 Blackwell St Ste. 2106 - Box 104106
Durham, NC 27701-3611

Name of Agent Designated to Receive Notification of Claimed Infringement: Rachel Franke

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):

Duke University I. T. Security Office
334 Blackwell St, Ste. 2106 - Box 104106, Durham, NC 27701

Telephone Number of Designated Agent: (919) 684-2046

Facsimile Number of Designated Agent: (919) 668-2929

Email Address of Designated Agent: dmca-agent@duke.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: Duke University, November 19, 2007

Signature of the Designating Service Provider: _____
Date: 11/18/07

Typed or printed Name and Title: Dr. Tallman Trask, III
Executive Vice President

SCANNED

Note: This Amended Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



RECEIVED

DEC 03 2007
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