

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: EAST TENNESSEE
STATE UNIVERSITY

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

Address of Service Provider: P.O. Box 70558
Johnson City, TN 37614

Name of Agent Designated to Receive Notification of Claimed Infringement: MARK BRAGG

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):

ETSU Box 70558, 308 Dossett Hall
Johnson City, TN 37614

Telephone Number of Designated Agent: 423-439-7068

Facsimile Number of Designated Agent: 423-439-5770

Email Address of Designated Agent: bragg@etsu.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 6-4-99

Typed or Printed Name and Title: Bert C. Bach, Provost +
Vice President Academic Affairs

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

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