

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

Full Legal Name of Service Provider: Emporia State University

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

Address of Service Provider: 1200 Commercial, Emporia, KS 66801

Name of Agent Designated to Receive Notification of Claimed Infringement: Cheryl O'Dell

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):
Emporia State University, ATTN: Cheryl O'Dell, 1200 Commercial, Campus Box 4018.

Telephone Number of Designated Agent: 620-341-5969

Facsimile Number of Designated Agent: 620-341-5894

Email Address of Designated Agent: codell@emporia.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 9/9/2008

Typed or Printed Name and Title: Information Security Officer
Cheryl O'Dell,

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

RECEIVED

SEP 15 2008

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SCANNED 09 26 2008

