

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

Full Legal Name of Service Provider: LASALLE UNIVERSITY

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

Address of Service Provider: Twentieth Street and Olney Avenue, Philadelphia, PA 19141-1199

Name of Agent Designated to Receive Notification of Claimed Infringement: David C. Fleming*

*Added by CO
per FAX rec'd
6/4/03

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):
Director of Information Technology, La Salle University,
1900 W. Olney Avenue, Philadelphia, PA 19141-1199

Telephone Number of Designated Agent: 215-951-1046

Facsimile Number of Designated Agent: 215-951-1464

Email Address of Designated Agent: infotech@lasalle.edu

Signature _____ **or Representative of the Designating Service Provider:** _____
Date: May 20, 2003

Typed or Printed Name and Title: _____
David C. Fleming
Vice President for
Business Affairs
and Treasurer

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

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JUN 04 2003
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