

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

**Full Legal Name of Service Provider:** Millersville University of Pennsylvania

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

**Address of Service Provider:** 1 South George Street, Millersville, PA 17551

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Robert F. German Jr.

**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):  
P.O. Box 1002, 1 South George Street, Millersville, PA 17551

**Telephone Number of Designated Agent:** 717-872-3971

**Facsimile Number of Designated Agent:** 717-872-3919

**Email Address of Designated Agent:** dmca@millersville.edu

**Signature of Official or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
Date: July 2, 2010

**Typed or Printed Name and Title:** Robert F. German Jr.,  
Vice President for Information Resources

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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