

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



**Full Legal Name of Service Provider:** Millikin University

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

**Address of Service Provider:** 1184 W. Main St., Decatur, IL 62522

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Cynthia Fuller, Library Director

**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):  
Staley Library, Millikin University, 1184 W. Main St., Decatur, IL 62522

**Telephone Number of Designated Agent:** 217-424-3944

**Facsimile Number of Designated Agent:** 217-424-3992

**Email Address of Designated Agent:** cfuller@millikin.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_ Date: 12-1-09

**Typed or Printed Name and Title:** Donna Aronson, Vice-President for Academic Affairs

SCANNED 12 17 - 2009

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

**\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
Copyright GC/I&R  
P.O. Box 70400  
Washington, DC 20024

