

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

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

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

**Address of Service Provider:** P.O. Box 1881, Milwaukee, WI 53201-1881

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Mykl Novak

**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):

Marquette University, Information Technology Services, Cudahy Hall,  
Room 240C, P.O. Box 1881, Milwaukee, WI 53201-1881

**Telephone Number of Designated Agent:** (414) 288-3760

**Facsimile Number of Designated Agent:** (414) 288-3300

**Email Address of Designated Agent:** novakm@marquette.edu

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 3-3-99

**Typed or Printed Name and Title:** Kenneth H. Smits

**VICE PRESIDENT**

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

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**RECEIVED**

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