

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

Full Legal Name of Service Provider: _____
The Regents of New Mexico State University

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

Address of Service Provider: MSC 3AT, Box 30001 Las Cruces, NM 88003
Corner of Stewart & Sweet, Room 132 NMSU Las Cruces, NM 88003

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Dr. Shaun H. Cooper

**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):**

Information & Communication Technologies MSC 3AT
New Mexico State University P.O. Box 30001 Las Cruces, NM 88003

Telephone Number of Designated Agent: (505) 646-6030

Facsimile Number of Designated Agent: (505) 646-4560

Email Address of Designated Agent: scooper@nmsu.edu

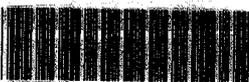
**Identify the Interim Designation to be Amended, by Service Provider Name and Filing
Date, so that it may be Readily Located in the Directory Maintained by the Copyright
Office:** _____

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11-26-01

Typed or Printed Name and Title: Dr. Shaun H. Cooper
Assistant Director

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

123006943



123006943

RECEIVED

NOV 26 2001

COPYRIGHT OFFICE