

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

Full Legal Name of Service Provider: North Carolina State University at
Raleigh

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

Address of Service Provider: Raleigh, NC 27695

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Harry Nicholas

**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):** Campus Box 7109, North Carolina State University
Raleigh, NC 27695-7109

Telephone Number of Designated Agent: 919-515-5497

Facsimile Number of Designated Agent: 919-515-3787

Email Address of Designated Agent: hmn_copyright@ncsu.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 6-23-99

Typed or Printed Name and Title: George Worsley, Vice Chancellor for
Finance and Business

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

RECEIVED

AUG 12 1999

COPYRIGHT OFFICE



106230394



106230394

2-21071

1990