

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

**Full Legal Name of Service Provider:** Northeastern Illinois University

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

**Address of Service Provider:** 5500 N. St. Louis Avenue, Chicago, Illinois 60625

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Robert Anderson

**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):**  
Executive Director of University Computing - Northeastern Illinois University  
5500 North St. Louis Avenue  
Chicago, Illinois 60625

**Telephone Number of Designated Agent:** 773/583-4050 x6696

**Facsimile Number of Designated Agent:** 773/794-6148

**Email Address of Designated Agent:** RC-Anderson@Neiu.Edu

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** May 14, 1999

**Typed or Printed Name and Title:** Margo L. Smith, Coordinator of Legal Affairs

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

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**RECEIVED**

**MAY 25 1999**

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