

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

**Full Legal Name of Service Provider:** Southwestern Oklahoma State University

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

**Address of Service Provider:** 100 Campus Drive, Weatherford, OK 73096-3098

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Beverly Jones, 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):

100 Campus Drive , Al Harris Library  
Weatherford, OK 73096-3098

**Telephone Number of Designated Agent:** (580) 774-7081

**Facsimile Number of Designated Agent:** (580) 774-3112

**Email Address of Designated Agent:** jonesb@swosu.edu

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

Date: 1-25-00

**Typed or Printed Name and Title:** Joe Anna Hibler, President

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

**RECEIVED**

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