

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

Full Legal Name of Service Provider: University of Montana, The

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

Address of Service Provider: 32 Campus Drive, Missoula, Montana 59812

Name of Agent Designated to Receive Notification of Claimed Infringement: Stephen S. Henry

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):
Computing & Information Services, Liberal Arts Room 144, MS 5688
The University of Montana, Missoula, MT 59812-5688

Telephone Number of Designated Agent: 406-342-5455

Facsimile Number of Designated Agent: 406-243-4500

Email Address of Designated Agent: Steve.Henry@umontana.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: Designee: John P. Cleaveland for The University of Montana, filed 03/18/1999

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 4/29/04

Typed or Printed Name and Title: Dr. Ray Ford, Associate Vice President for Information Technology

Note: This Amended Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

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