

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

Full Legal Name of Service Provider: University of Idaho

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

Address of Service Provider: 875 Perimeter Drive, Moscow ID, 83844

Name of Agent Designated to Receive Notification of Claimed Infringement: Harvey L. Hughett

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 Technology Services
Administration Building Room 140, Moscow ID, 83843

Telephone Number of Designated Agent: 208-885-6721

Facsimile Number of Designated Agent: 208-885-7539

Email Address of Designated Agent: hughett@uidaho.edu

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

Date: 11/26/01

Typed or Printed Name and Title: Harvey L. Hughett

Executive Director, Information Technology Services, University of Idaho

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

RECEIVED

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