

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

**Full Legal Name of Service Provider:** University of Richmond

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

**Address of Service Provider:** University of Richmond, Richmond, VA 23173

**Name of Agent Designated to Receive Notification of Claimed Infringement:** James R. Rettig

**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):** Boatwright Memorial Library, University of Richmond, Richmond, VA 23173

**Telephone Number of Designated Agent:** 804-289-8456

**Facsimile Number of Designated Agent:** 804-287-1840

**Email Address of Designated Agent:** jrettig@richmond.edu

**S** \_\_\_\_\_ **or Representative of the Designating Service Provider:**  
\_\_\_\_\_ **Date:** January 14, 2002

**Typed or Printed Name and Title:** James R. Rettig, University Librarian

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

**RECEIVED**

APR 17 2002

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