

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

**Full Legal Name of Service Provider:** University Of San Diego

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

**Address of Service Provider:** 5998 Alcalá Park, San Diego, CA 92110

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Francis M. Lazarus

**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):

5998 Alcalá Park  
San Diego, CA 92110

**Telephone Number of Designated Agent:** (619)260-4553

**Facsimile Number of Designated Agent:** (619)260-2210

**Email Address of Designated Agent:** flazarus@acusd.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_ Date: Jul 15, 1999

**Typed or Printed Name and Title:** Dr. Francis M. Lazarus  
Vice President & Provost

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

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