

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: West Virginia School of Osteopathic Medicine

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

Address of Service Provider: 400 North Lee St., Lewisburg WV 24901

Name of Agent Designated to Receive Notification of Claimed Infringement: Charity Richmond

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):
Charity Richmond, 400 North Lee St., Lewisburg WV 24901

Telephone Number of Designated Agent: 304-793-6850

Facsimile Number of Designated Agent: 304-645-4859

Email Address of Designated Agent: crichmond@osteo.wvsom.edu

Signature of the Designating Service Provider:

Date: 11/23/10

Typed or Printed Name and Title:
Kim Ransom, MBA, Director of Information Technology

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

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



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DEC 31 2010
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