

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

Full Legal Name of Service Provider: Hawaii Pacific University

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

Address of Service Provider: 1164 Bishop Street, Suite 1200, Honolulu, HI. 96813

Name of Agent Designated to Receive Notification of Claimed Infringement: Mike Sana

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):
1164 Bishop Street, Suite 900, Honolulu, HI. 96813

Telephone Number of Designated Agent: 808-687-7034

Facsimile Number of Designated Agent: 808-544-1404

Email Address of Designated Agent: infosec@hpu.edu

Signature of Representative of the Designating Service Provider: _____
Date: 2/26/13

Typed or Printed Name and Title: Mike Sana, Information Security Officer

**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 I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



**Scanned
MAR 22 2013**

**Received
MAR 13 2013
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