

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

Full Legal Name of Service Provider: Indiana University of Pennsylvania

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

Address of Service Provider: 201 Sutton Hall, 1011 South Drive, Indiana, PA 15705

Name of Agent Designated to Receive Notification of Claimed Infringement: Luis J. Gonzalez

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):
203 Stapleton Library, 431 S. 11th Street, Indiana, PA 15705

Telephone Number of Designated Agent: 724-357-2330

Facsimile Number of Designated Agent: 724-357-4891

ligonzal@iup.edu

Designating Service Provider:

Date: 2/27/14

Typed or Printed Name and Title: Michael A. Driscoll, President

**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**

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