

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

Full Legal Name of Service Provider: Biola University

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

Address of Service Provider: 13800 Biola Avenue, La Mirada, CA 90639

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Dale Lee

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):
Information Technology, 13800 Biola Avenue, La Mirada, CA 90639

Telephone Number of Designated Agent: 562-903-4722

Facsimile Number of Designated Agent: 562-903-4748

Email Address of Designated Agent: dmca.agent@biola.edu

Signature _____ **tative of the Designating Service Provider:**
_____ **Date:** September 16, 2003

Typed or Printed Name and Title: Dale Lee, Director of Infrastructure Systems and Support

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

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