

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

Full Legal Name of Service Provider: Bryant University

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

Address of Service Provider: 1150 Douglas Pike, Smithfield, Rhode Island 02917

Name of Agent Designated to Receive Notification of Claimed Infringement: Mary Moroney
Director of Library Services

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): Mary Moroney
Director of Library Services, Bryant University, 1150 Douglas Pike, Sr

Telephone Number of Designated Agent: 401-232-6298

Facsimile Number of Designated Agent: 401-232-6126
401-232-6126

Email Address of Designated Agent: MMoroney@Bryant.edu MMORONEY@Bryant.edu

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 11/14/07

Mary Moroney, MLS, MA

Typed or Printed Name and Title: Director of Library Services

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**



RECEIVED

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