

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

**Full Legal Name of Service Provider:** Abilene Christian University

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

**Address of Service Provider:** 1600 Campus Court, Abilene, Texas 79601

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Mary Chaddock

**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):  
ACU BOX 29006 Abilene, Texas 79699-9006

**Telephone Number of Designated Agent:** (325)- 674-2424

**Facsimile Number of Designated Agent:** (325)-674- 6724

**Email Address of Designated Agent:** abuse@acu.edu

**\_\_\_\_\_ Representative of the Designating Service Provider:**  
**\_\_\_\_\_ Date:** 2/27/2014

**Typed or Printed Name and Title:** Slade Sullivan, J.D.  
Abilene Christian University General Counsel

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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