

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

**Full Legal Name of Service Provider:** Angelo State University

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

**Address of Service Provider:** 2601 West Avenue N, San Angelo, TX 76909

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Jason Brake

**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 Security Office, 2601 West Avenue N, San Angelo, TX 76909-1020

**Telephone Number of Designated Agent:** 325-942-2333

**Facsimile Number of Designated Agent:** 325-942-2109

**Email Address of Designated Agent:** violations@angelo.edu

**Signature of Representative of the Designating Service Provider:**

**Date:** 7/2/08

**Typed or Printed Name and Title:** Doug Fox  
Associate VP for Information Technology and CIO

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

IPN 161934751

Received  
Aug 15, 2008  
Copyright Office