

INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION
OF CLAIMED INFRINGEMENT

Full Legal Name of Service Provider: **MTCO Communications, Inc.**

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business: **none**

Address of Service Provider: **P.O. Box 649, Metamora, IL 61548-0649**

Name of Agent Designated to Receive Notification of Claimed Infringement: **Kevin R. Rauh**

Full Address of Designated Agent to which Notification Should be Sent: **220 N. Menard St., Metamora, IL 61548-0649**

Telephone Number of Designated Agent: **309-367-2006**

Facsimile Number of Designated Agent: **309-367-2616**

Email Address of Designated Agent: **kdrauh@mtco.com**

Signature of Officer or Representative of the Designating Service Provider:

_____ Date: 4-20-99

Typed or Printed Name and Title: **Kevin R. Rauh, Secretary/Treasurer**



RECEIVED

APR 27 1999

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