

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

**Full Legal Name of Service Provider:** AAL Trust Company, FSB

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

**Address of Service Provider:** 4321 N. Ballard Road, Appleton, WI 54919

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Becky Bestul, Agent

**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):**  
4321 N. Ballard Road, Appleton, WI 54919

**Telephone Number of Designated Agent:** (920) 734-5721 ext. 2965

**Facsimile Number of Designated Agent:** (920) 380-5149

**Email Address of Designated Agent:** becky\_bestul@aal.org

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** 1/10/01

**Typed or Printed Name and Title:** Becky Bestul  
Director Internet Marketing and Service

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

**RECEIVED**

JAN 17 2001

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