

**INTERIM DESIGNATION OF AGENT TO RECEIVE  
NOTIFICATION OF CLAIMED INFRINGEMENT**

**Full Legal Name of Internet Service Provider**

Marquette - Adams Telephone Coop Inc

**Address of Internet Service Provider:**

P.O. Box 45  
113 N Oxford St  
Oxford WI 53952

**All Other Business Names of Internet Service Provider:**

1)  
2)  
3)  
4)

**Name of Agent to Receive Notification of Claimed Infringement:**

Mike Lake

**Address of Above Agent:**

**Number and Street Name:**

113 N Oxford St

**City, State and Zip Code:**

Oxford WI 53952

**Telephone Number of Above Agent:**

608-586-4111

**Facsimile Number of Above Agent:**

608-586-5209

**Electronic Mail Address of Above Agent:**

mikelake@mags.net

**Name of Person Signing this Notice (Please Print)**

Mike Lake

**Title of Person Signing this Notice (Please Print)**

Marketing Manager

**Signature of Person Signing this Notice:**

*[Signature]*

**Date of Signature:**

June 1, 1999

You are required to post this information on your publicly available web site and  
mail to:

082034616



\*082034616\*

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WASHINGTON DC 20024

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JUL 6, 1999

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