

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: TRI-WEST COMMUNICATIONS LLC.

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

Address of Service Provider: 417 5th AVE N STRUM, WI 54770

Name of Agent Designated to Receive Notification of Claimed Infringement: BEN GUMZ

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):

417 5th AVE N STRUM, WI 54770
(or P.O. Box 578)

Telephone Number of Designated Agent: 715-695-2810

Facsimile Number of Designated Agent: 715-695-3599

Email Address of Designated Agent: bgumz@trivest.net

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 3-7-05

Typed or Printed Name and Title: BEN GUMZ, SALES
and ADMINISTRATION

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

SCANNED 3/21/05



RECEIVED

MAR 10 2005

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