

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

Full Legal Name of Service Provider: Vision Net, Inc.

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

Address of Service Provider: 1211 N.W. Bypass, Great Falls, MT 59404

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Ron Warnick

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):

Vision Net, Inc. Attn: Ron Warnick, General Manager, 1211 N.W. Bypass, P.O. Box 3068, Great Falls,
MT, 59403.

Telephone Number of Designated Agent: (406) 727-5994 ext 4710

Facsimile Number of Designated Agent: (406) 727-6067

Email Address of Designated Agent: ron@montanavision.net

Signature of Officer or Representative of the Designating Service Provider:

Date: 4/16/02

Typed or Printed Name and Title: Ron Warnick, General Manager

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

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