

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

Full Legal Name of Service Provider: Wave/Powers Acquisition, LLC

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

Address of Service Provider: 401 Kirkland Parkplace, Suite 500, Kirkland, WA 98033

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Steve Mount

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):
401 Kirkland Parkplace, Suite 500, Kirkland, WA 98033

Telephone Number of Designated Agent: (425) 576-8200

Facsimile Number of Designated Agent: (425) 576-8221

Email Address of Designated Agent: wavecable@wavecable.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: July 7, 2008

Typed or Printed Name and Title: James A. Penney
Executive Vice President, Business and Legal Affairs

SCANNED 03 / 26 - 2008

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

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