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

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):	
Address of Ser	vice Provider: P. O. Box 610, Abbeville, AL, 36310
Name of Agen Notification of	t Designated to Receive Claimed Infringement: James Riley
location):	f Designated Agent to which Notification Should be Sent (a P.O. Box on is not acceptable except where it is the only address that can be used in the geographic way 431 North, P. O. Box 610, Abbeville, AL 36310
Telephone Nui	nber of Designated Agent: 334-585-2291
Facsimile Num	ber of Designated Agent: 334-585-4353
Email Address	of Designated Agent: jriley@gswp.net
Signatur Of	poer or Representative of the Designating Service Provider: Date:
Typed of Printe	I Name and Title: James Riley, Marketing Director

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

SCANNED 11/25/05



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