

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Lighthouse Communications, Inc

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

Address of Service Provider: 666 Walnut St. Suite 1900
Des Moines, IA 50309

Name of Agent Designated to Receive Notification of Claimed Infringement: Will Walling

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):

666 Walnut St. Suite 1900
Des Moines, IA 50309

Telephone Number of Designated Agent: 515-244-1115

Facsimile Number of Designated Agent: 515-244-0970

Email Address of Designated Agent: abuse@lh.net

Signature of _____

_____ of the Designating Service Provider:

Date: Sept. 17/2003

Typed or Printed Name and Title

WR Walling
CTO VP Eng & Operations

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

RECEIVED

SEP 26 2003

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