

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

Full Legal Name of Service Provider: Lowell Telecommunications Corporation

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

Address of Service Provider: 246 Market Street Post Office Box 803 Lowell, MA 01853-08

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Felicia Sullivan

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):
246 Market Street Post Office Box 803 Lowell, MA 01853-0803

Telephone Number of Designated Agent: (978)458-5400 (voice)

Facsimile Number of Designated Agent: (978)937-0361

Email Address of Designated Agent: felicia@ltc.org

Signature: _____ **Representative of the Designating Service Provider:**

Date: 4/30/03

Typed or Printed Name and Title: Felicia Sullivan Director of Interactive Media and Community Outreach
Director of Interactive Media and Community Outreach

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

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