

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

**Full Legal Name of Service Provider:** CALIBER CONNECTIONS CORP.

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

**Address of Service Provider:** 500 N. LAKE STREET, SUITE 110  
MUNDELEIN, IL. 60060

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Robert O. ACKLEY

**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):

500 N. LAKE STREET, SUITE 109  
MUNDELEIN, IL. 60060

**Telephone Number of Designated Agent:** 847-566-7101

**Facsimile Number of Designated Agent:** 847-566-7178

**Email Address of Designated Agent:** bob@calcon.net

**Sign.....** ~~Official~~ ~~or~~ ~~Representative~~ of the Designating Service Provider:

Date: 10-3-00

**Typed or Printed Name and Title:** DANIEL G. MARSH, PRESIDENT

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

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**RECEIVED**

OCT 10 2000

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