

**DESIGNATION OF AGENT TO  
RECEIVE NOTIFICATION OF CLAIMED INFRINGEMENT**

**FULL LEGAL NAME AND ADDRESS OF SERVICE PROVIDER:** Commtel, 117  
Main Street, Winthrop, ME 04364

**ALTERNATIVE NAME(S) OF SERVICE PROVIDER** (including all names under  
which the service provider is doing business): Community Service Communications, Inc.

**NAME OF AGENT DESIGNATED TO RECEIVE NOTIFICATION OF  
CLAIMED INFRINGEMENT:** Jane Devou

**FULL ADDRESS OF DESIGNATED AGENT TO WHICH NOTIFICATION  
SHOULD BE SENT:** Same as above

**TELEPHONE NUMBER OF DESIGNATED AGENT:** 207-377-9206

**FACSIMILE NUMBER OF DESIGNATED AGENT:** 207-377-9969

**EMAIL ADDRESS OF DESIGNATED AGENT:** jdevou@commtel.net

**SIGNATURE OF OFFICER OR REPRESENTATIVE OF THE DESIGNATING  
SERVICE PROVIDER:** \_\_\_\_\_

DATE: 9/25/01

Scott W. Roberts  
President & COO

**NOTE: THIS DESIGNATION MUST BE ACCOMPANIED BY A \$20 FILING  
FEE MADE PAYABLE TO THE REGISTER OF COPYRIGHTS.**

**RECEIVED**

OCT 03 2001

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