

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

**Full Legal Name of Service Provider:** Coon Valley Farmers Telephone Company, Inc.

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

**Address of Service Provider:** 105-107 Central Ave., Coon Valley, WI 54623

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Lenord Leis

**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):**

Lenord Leis, Coon Valley Farmers Telephone Company, Inc., 105-107 Central Ave., PO Box 398  
Coon Valley, WI 54623

**Telephone Number of Designated Agent:** 608-452-3101

**Facsimile Number of Designated Agent:** 608-452-3100

**Email Address of Designated Agent:** coon@mwt.net

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 5/17/99

**Typed or Printed Name and Title:** Lenord Leis, General Manager

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

106228337



106228337

**RECEIVED**

**MAY 25 1999**

**COPYRIGHT OFFICE**