

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

Full Legal Name of Service Provider: Touch America, Inc.

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

Address of Service Provider: 130 N Main Butte, MT 59701

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Gina Konen

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):
130 N Main Butte, MT 59701

Telephone Number of Designated Agent: (406)496-5219

Facsimile Number of Designated Agent: (406)496-5330

Email Address of Designated Agent: gkonen@tamerica.com

Signature of Officer or Representative of the Designating Service Provider:

Date: NOV 4 1998

Typed or Printed Name and Title: Gina Konen
Supervisor Internet Marketing & Sales

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

RECEIVED

NOV 20 1998

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