

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

Full Legal Name of Service Provider: Triangle Telephone Cooperative Association

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

Address of Service Provider: P.O. Box 1220, 2121 Hiway 2 NW, Havre MT, 59501

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Tim Hodges

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):

Triangle Telephone Cooperative Association
PO Box 1220, 2121 Hiway 2 NW, Havre MT 59501

Telephone Number of Designated Agent: (406)265-7807

Facsimile Number of Designated Agent: (406)265-7801

Email Address of Designated Agent: ttceng@ttc-cmc.net

Signature of Officer or Representative of the Designating Service Provider:

Date: December 18, 1998

Typed or Printed Name and Title: Burl Miner
General Manager

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

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