

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

Full Legal Name of Service Provider: W3i, LLC

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

Address of Service Provider: 1900 Medical Arts Avenue South, Sartell, MN 56377

Name of Agent Designated to Receive
Notification of Claimed Infringement: Hayden Creque - General Counsel

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):
1900 Medical Arts Avenue South, Sartell, MN 56377

Telephone Number of Designated Agent: 320-257-7500

Facsimile Number of Designated Agent: 320-257-7639

Email Address of Designated Agent: legal@w3i.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/5/08

Typed or Printed Name and Title: Andrew Johnson - CEO

SENT 11 21 2008

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

