

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

Full Legal Name of Service Provider: WesTel Systems

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

Address of Service Provider: 012 E 3rd St PO Box 330 Remsen, IA 51050

Name of Agent Designated to Receive
Notification of Claimed Infringement: James E. Sherburne

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):
012 E 3rd St PO Box 330
Remsen, IA 51050

Telephone Number of Designated Agent: 712-786-1181

Facsimile Number of Designated Agent: 712-786-2400

Email Address of Designated Agent: jsherb@westiowa.com

Signature of: _____ Representative of the Designating Service Provider:
Date: 10/10/03

Typed or Printed Name and Title: James E. Sherburne, C.E.O.

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

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RECEIVED

OCT 27 2003

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