

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

**Full Legal Name of Service Provider:** Adelphia Business Solutions, Inc.

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

**Address of Service Provider:** 712 N. Main Street, Coudersport, PA 16915

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** John Carroll

**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):  
712 N. Main Street, Coudersport, PA 16915

**Telephone Number of Designated Agent:** (814) 260-2635

**Facsimile Number of Designated Agent:** (814) 260-1101

**Email Address of Designated Agent:** abuse@adelphia.net

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

**Date:** 2/5/03

**Typed or Printed Name and Title:** JOHN GLICKSMAN  
V.P. AND GENERAL COUNSEL

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

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**RECEIVED**

FEB 19 2003

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