

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

Full Legal Name of Service Provider: ImOn Communications, LLC

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

Address of Service Provider: 625 First Street SE, Suite 520, Cedar Rapids, IA 52401

Name of Agent Designated to Receive Notification of Claimed Infringement: Ed Smith

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): 625 First Street SE, Suite 520, Cedar Rapids, IA 52401

Telephone Number of Designated Agent: 319-261-4676

Facsimile Number of Designated Agent: 319-261-4636

Email Address of Designated Agent: Ed.Smith@imon.net

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: _____

Signature of Officer or Representative of the Designating Service Provider:

 **Date:** 02/24/11

Typed or Printed Name and Title: Patrice M. Carroll, President & General Manager

Note: This Amended Interim Designation Must be Accompanied by a Filing Fee* Made Payable to the Register of Copyrights. \$150

*Note: Current and adjusted fees are available on the Copyright website at www.copyright.gov/docs/fees.htm

Mail the form to:
Copyright GC/RRP
P.O. Box 71537
Washington, DC 20024



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