

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

**Full Legal Name of Service Provider:** Kasson and Mantorville Telephone Co.

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

**Address of Service Provider:** 18 2nd Ave. N.W. Kasson, MN 55944

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Russell Leitzen

**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):  
KMTelecom, 18 2nd Ave. N.W., Kasson, MN 55944

**Telephone Number of Designated Agent:** 507-634-2511

**Facsimile Number of Designated Agent:** 507-634-2511

**Email Address of Designated Agent:** abuse@kmtel.com

**Signature of Off** \_\_\_\_\_ **Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 9/2/03

**Typed or Printed Name and Title:** Mary Ehmke  
General Manager

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



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