

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

Full Legal Name of Service Provider: LISCO, (LOCAL
INTERNET SERVICE COMPANY)

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

Street Add. Same as below

Address of Service Provider: P.O. Box 1750
FAIRFIELD, IA 52556

Name of Agent Designated to Receive Notification of Claimed Infringement: RALPH TURNER

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):

C/O LISCO
108 WEST PALM DR #208
FAIRFIELD, IA 52556

Telephone Number of Designated Agent: 641-209-7122

Facsimile Number of Designated Agent: 641-209-5483

Email Address of Designated Agent: rturner@liscocorp.com

S: _____ Representative of the Designating Service Provider:
Date: 12-21-2001

Typed or Printed Name and Title: RALPH TURNER
COMMUNICATIONS DIRECTOR

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

JAN 03 2002

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