

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

*addition and  
change pay phone  
call 6/10/02 CL*

**Full Legal Name:** Alternative Link, Inc. (Alternative Billing Concepts, Inc.,  
[predecessor of] Alternative Link, Inc., [parent of] Alternative Link Systems, Inc.,  
[successor to] Alternative Link, LLC)

**Alternative Name(s) of Business:**

**Address of Business:** 1065 S. Main, Bldg. C  
Las Cruces, NM 88005

**Name of Designated Agent:** Joe S. Gallagher

**Address of Designated Agent:** 1065 S. Main, Bldg. C  
Las Cruces, NM 88005

**Phone Number of Designated Agent:** 505-527-0636

**Fax Number of Designated Agent:** 505-523-4152

**Email Address of Designated Agent:** Joe@alternativelink.com

**Signature of Business Representative:**

**RECEIVED**

JUN 10 2002

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**Date:** 07/31/2001

**Name and Title of Business Representative:** Joe S. Gallagher,  
Executive Vice-President

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