

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

**Full Legal Name of Service Provider:** Atlantic Seawinds Communications, LLC

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

**Address of Service Provider:** 640 Whiteville Road, Shallotte, NC 28459

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Laura Graff

**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):  
640 Whiteville Road  
Shallotte, NC 28459

**Telephone Number of Designated Agent:** 910-755-1782

**Facsimile Number of Designated Agent:** 910-755-1871

**Email Address of Designated Agent:** lgraff@atmc.com

 **Signature of the Designating Service Provider:**  
Date: 6/29/2016

**Typed or Printed Name and Title:** M. O'Neal Miller, Jr., Chief Executive Officer

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
Made Payable to the Register of Copyrights.**  
**\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
**U.S. Copyright Office, Designated Agents**  
**P.O. Box 71537**  
**Washington, DC 20024-1537**

**SCANNED**  
**SEP 08 2016**

**Received**  
**JUL 14 2016**  
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