

ORIGINAL

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**AMENDED INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION OF CLAIMED INFRINGEMENT**

**Full Legal Name of Service Provider:** CT Cube, L.P.

**Alternative Name(s) of Service Provider:**

West Central Wireless,  
West Central Net

**Address of Service Provider:**

3389 Knickerbocker Road  
P.O. Box 991  
San Angelo, TX 76902

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

Copyright Agent

**Full Address of Designated Agent to which Notification Should be Sent:**

West Central Net  
3389 Knickerbocker Road  
P.O. Box 991  
San Angelo, TX 76902

**Telephone Number of Designated Agent:** (325) 944-9016

**Facsimile Number of Designated Agent:** (325) 949-9500

**Email Address of Designated Agent:** [abuse@wcc.net](mailto:abuse@wcc.net)

**Identify the Interim Designation to be Amended, by Service Provider Name and Filing**

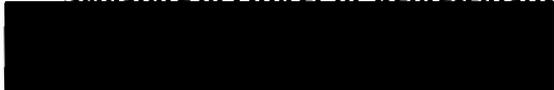
**Date:**

C.T. Cube, Inc. filed November 5, 2001 (122804767)

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SEP 25 2014

**Signature of Officer or Representative of the Designating Service Provider:**



Date: 6-25-14

**Typed or Printed Name and Title:** BILL WOODS INTERNET BUSINESS MANAGER

Received

SEP 17 2014

Copyright Office