

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

Full Legal Name of Service Provider: free103point9 (WGXC: 90.7-FM)

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

Address of Service Provider: 5662 Route 23 Acra, NY 12405

Name of Agent Designated to Receive Notification of Claimed Infringement: Sara Kendall

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): WGXC 5662 Route 23 Acra, NY 12405

Telephone Number of Designated Agent: 518-828-0290 / 646-239-4352

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: sara@wgxc.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: May 11, 2011

Typed or Printed Name and Title: Sara Kendall, Station Manager

**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**

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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