

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

Basic fee of \$105 covers indexing of this one name. **Full Legal Name of Service Provider:** Greene County Partners, Inc.

Additional \$30 per group of 10 or fewer. **Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 100 Redbud Road, Virginia, IL 62691

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

**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):

100 Redbud Road  
Virginia, IL 62691

**Telephone Number of Designated Agent:** (217) 452-7725

**Facsimile Number of Designated Agent:** (217) 452-7797

**Email Address of Designated Agent:** castel@casscomm.com

**Designating Service Provider:** \_\_\_\_\_  
**Date:** 9/6/2011

**Typed or Printed Name and Title:** Mike Reynolds Telecom 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](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
**Copyright RRP**  
**P.O. Box 71537**  
**Washington, DC 20024**



*Stamp: SEP 13 2011*  
**Received**  
**SEP 13 2011**  
**Copyright Office**