

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

Full Legal Name of Service Provider: MCM Systems

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

Address of Service Provider: 112 S. Williams PO Box 223 Moberly, MO 65270

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

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):
112 S. Williams PO Box 223 Moberly, MO 65270

Telephone Number of Designated Agent: 660-269-8088

Facsimile Number of Designated Agent: 660-269-8388

Email Address of Designated Agent: mcm@mcmsys.net

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/17/98

Typed or Printed Name and Title: Mike Mattox, Owner
Owner

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

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