

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

Full Legal Name of Service Provider: Triangle Communication System, Inc.

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

Address of Service Provider: PO Box 1140, 2121 US Highway 2 NW, Havre, MT. 59501

Name of Agent Designated to Receive Notification of Claimed Infringement: Kevin Hoover; Gail Rainey

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):
Triangle Communication System, Inc.
PO Box 1140, 2121 US Highway 2 NW, Havre, MT. 59501

Telephone Number of Designated Agent: 406-394-8800

Facsimile Number of Designated Agent: 406-394-2141

Email Address of Designated Agent: khoover@itstriangle.net; grainey@itstriangle.net

Signature of Designating Service Provider: _____
Date: 07/13/2016

Typed or Printed Name and Title: Gail Rainey, Chief Administrative Officer (CAO)

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

SCANNED
AUG 18 2016
Received
JUL 28 2016
Copyright Office

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