

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

**Full Legal Name of Service Provider:** WOOD Television LLC

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** WOOD-TV, WOTV, WXSP

**Address of Service Provider:** 1 West Exchange Street, Suite 5A, Providence, RI 02903

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Denise M. Parent

**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):  
1 West Exchange Street, Suite 5A, Providence, RI 02903

**Telephone Number of Designated Agent:** 401-457-9511

**Facsimile Number of Designated Agent:** 401-454-2817

**Email Address of Designated Agent:** legalnotices@linmedia.com

**Signature of the Designating Service Provider:**  
 Date: 8/27/2013

**Typed or Printed Name and Title:** Denise M. Parent  
Senior Vice President Chief Legal Officer, General Counsel & Secretary

**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 I&R/Recordation**  
P.O. Box 71537  
Washington, DC 20024



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