

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

**Full Legal Name of Service Provider:** AirSwitch Corp.

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

**Address of Service Provider:** P.O. Box 513 Springville, UT 84663

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** J. Stephen Veech

**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):  
717 North Main Suite 205  
Springville, UT 84663

**Telephone Number of Designated Agent:** (801) 491-6800

**Facsimile Number of Designated Agent:** (801) 491-6900

**Email Address of Designated Agent:** stewey@airswitch.com

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 12-14-98

**Typed or Printed Name and Title:** J. Stephen Veech  
MIS Director

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

**RECEIVED**

**DEC 21 1998**

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