

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: ELLIJAY TELEPHONE
COMPANY

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

Address of Service Provider: P.O. BOX 0, 224 DALTON STREET, ELLIJAY GA 30540

Name of Agent Designated to Receive
Notification of Claimed Infringement: DARRELL HARPER

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): P.O. BOX 0, 224 DALTON STREET, ELLIJAY, GA 30540

Telephone Number of Designated Agent: (706) 276-2271

Facsimile Number of Designated Agent: (706) 697-5636

Email Address of Designated Agent: DARRELLH@ELLIJAY.COM

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 2-20-2007

Typed or Printed Name and Title: DARRELL J. HARPER
CORPORATE OPERATIONS DIRECTOR

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.

SCANNED 03 15-2007



RECEIVED

FEB 26 2007
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