

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

**Full Legal Name of Service Provider:** Helicon Telephone Virginia, LLC

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** None.

**Address of Service Provider:** 12405 Powerscourt Drive, St. Louis, Missouri 63131-3674

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Laurie Jill Wood

**Full Address of Designated Agent to which Notification Should be Sent:** Registered Agent, Charter Communications, 12405 Powerscourt Drive, St. Louis, Missouri 63131-3674

**Telephone Number of Designated Agent:** (314) 965-0555

**Facsimile Number of Designated Agent:** (314) 965-6640

**Email of Designated Agent:** DMCA@charter.net

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

\_\_\_\_\_  
Date: 8/5/02

**Typed or Printed Name and Title:** Laurie Jill Wood, Registered Agent

**RECEIVED**

AUG 15 2002

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