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**INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION  
OF CLAIMED INFRINGEMENT**

**Full Legal Name of Service Provider:** Kalona Cooperative Telephone Company

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

**Address of Service Provider:** Kalona Cooperative Telephone Company  
510 B Avenue, P. O. Box 1208  
Kalona, IA 52247-1208

*Name of Agent Designated to Receive*

**Notification of Claimed Infringement:** Howard S. Shapiro, Esq.

**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):

Bennet & Bennet, PLLC  
1000 Vermont Avenue, NW, 10<sup>th</sup> Floor  
Washington, DC 20005

**Telephone Number of Designated Agent:** (202) 371-1500

**Facsimile Number of Designated Agent:** (202) 371-1558

**Email Address of Designated Agent:** [hshapiro@bennetlaw.com](mailto:hshapiro@bennetlaw.com)

**RECEIVED**

MAR 24 2004

**COPYRIGHT OFFICE**

**Typed or Printed Name and Title:** Justyn M. Miller, General Manager

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

**By:** \_\_\_\_\_ **Date:** March 4, 2004

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**Note: This Interim Designation Must be Accompanied by a \$30.00 Filing Fee Made Payable to the "Register of Copyrights."**

**139900357**

