

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

**Full Legal Name of Service Provider:** La Porte City Telephone Company

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

**Address of Service Provider:** 306 Main Street, La Porte City, IA 50651

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Chris Hopp

**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):  
923 Humphrey Street, Elkader, IA 52043

**Telephone Number of Designated Agent:** 563-245-4480

**Facsimile Number of Designated Agent:** 563-245-2887

**Email Address of Designated Agent:** chopp@lpctel.com



**Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 8-7-2015

**Title:** Chris Hopp  
General Manager/Executive Secretary

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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