

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

Full Legal Name of Service Provider: neXband Communications, Inc.

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

Address of Service Provider: P. O. Box 1680, Bay Springs, MS 39422

Name of Agent Designated to Receive Notification of Claimed Infringement: DMCA Agent

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):
Fail, Inc., Attn: DMCA Agent, 12 Third Street, Bay Springs, MS 39422

Telephone Number of Designated Agent: 601-764-3463

Facsimile Number of Designated Agent: 601-764-2564

Email Address of Designated Agent: dmca@nexband.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 9-15-08

Typed or Printed Name and Title: Designated Agent

SCANNED 10/01-2008

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

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

RECEIVED

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