

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

Full Legal Name of Service Provider: RIPLEY VIDEO CABLE COMPANY

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

Address of Service Provider: 115 NORTH MAIN STREET, RIPLEY, MISSISSIPPI 38663

Name of Agent Designated to Receive Notification of Claimed Infringement: Casey Davis

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):
200 Chastain Center Boulevard Suite 200, Kennesaw GA 30144

Telephone Number of Designated Agent: (770) 387-2053

Facsimile Number of Designated Agent: (678) 581-8306

Email Address of Designated Agent: casey.davis@ibbs.com



Name of Designating Service Provider: _____
Date: 7.6.2012

Typed or Printed Name and Title: Leon M. Bailey, Jr. Owner/Operator

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

***Note: Current and adjusted fees are available on the Copyright website at www.copyright.gov/docs/fees.html**

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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