

Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Tri-County Telephone Association, Inc.

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

Address of Service Provider: 1568 South 1000 Road, P.O. Box 299, Council Grove, Kansas, 66846

Name of Agent Designated to Receive Notification of Claimed Infringement: Dale L. Jones

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):
Tri-County Telephone Association, Inc., 1568 South 1000 Road, P.O. Box 299, Council Grove, Kansas, 66846

Telephone Number of Designated Agent: (620) 767-5153

Facsimile Number of Designated Agent: (620) 767-8495

Email Address of Designated Agent: djones@tctainc.net

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Tri-County Telephone Association, Inc., Filing Date June 28, 2002



the Designating Service Provider:
Date: 5-25-2012

Typed or Printed Name and Title: Dale L. Jones, CEO

Note: This Amended 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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