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

Full Legal Name of Service Provider: TRICom L.LC.
Alternative Name(s) of Service Provider (including all names under which the serprovider is doing business): <u>TOC</u> <u>DIGITAL</u> SOLUTIONS, <u>TOC</u> TECHCENTER
Address of Service Provider: /// EAST FIRST ST GENESO, TL 6054
Name of Agent Designated to Receive Notification of Claimed Infringement: \$ \$2077 RUB. NO.
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):    III EAST FIRST ST   GENESEO, TL. 6125
Telephone Number of Designated Agent: 309-944-2/53
Facsimile Number of Designated Agent: 309-944-4406
Imail Address of Designated Agent: KENT C / DC. GENESED. NET
Signature of Officer or Representative of the Designating Service Provider:  Date: //-5-0/
Typed or Printed Name and Title: Scott RUBINS
Operational Manager
<b>♦</b>
Note: This Interim Designation Must be Accompanied by a \$20 Kiling Rea



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