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

Alternative Name(s) of Service Provider (including all names under which the servi provider is doing business): Wave Broadband	
Address of Service Prov	vider: 401 Kirkland Parkplace, Suite 500, Kirkland, WA 98033
Name of Agent Designa Notification of Claimed	ated to Receive I Infringement: Steve Mount
ocation):	ated Agent to which Notification Should be Sent (a P.O. Box ceptable except where it is the only address that can be used in the geographic uite 500, Kirkland, WA 98033
Telephone Number of D	Designated Agent: (425) 576-8200
Facsimile Number of De	esignated Agent: (425) 576-8221
Email Address of Design	nated Agent: wavecable@wavecable.com
ignature of Officer or Re	epresentative of the Designating Service Provider:  Date: July 7, 2008
VDeu or	Business and Legal Affairs

Mail the form to:

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RECEIVED

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