

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

Full Legal Name of Service Provider: WIFI Midwest, Inc.

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

Address of Service Provider: 100 Patient Way, House Springs, MO 63051

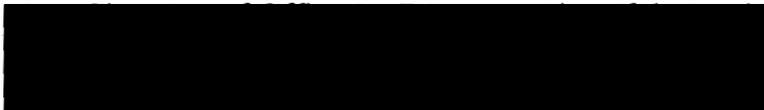
Name of Agent Designated to Receive Notification of Claimed Infringement: James Patient

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):
100 Patient Way, House Springs, MO 63051

Telephone Number of Designated Agent: 636-707-0005

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: jpatient@wifimw.com

 **Designating Service Provider:**
Date: 6/24/2015

Typed or Printed Name and Title: James Patient/President

**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:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

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Copyright Office