

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

Full Legal Name of Service Provider: Tennessee Technology Center at Athens

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

Address of Service Provider: P. O. Box 848, Athens, TN 37371-0848

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Kim 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):
Tennessee Technology Center at Athens, 1635 Vo-Tech Drive, Athens, TN 37371-0848

Telephone Number of Designated Agent: 423-744-2814

Facsimile Number of Designated Agent: 423-744-2817

Email Address of Designated Agent: kim.davis@ttcathens.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: _____

Typed or Printed Name and Title: Mr. Stewart Smith, Director

**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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