

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

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

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

Address of Service Provider: P.O. Box 614, Pulaski, TN 38478

Name of Agent Designated to Receive Notification of Claimed Infringement: Christa Simmons

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 Pulaski, 1233 East College Street, Pulaski, TN 38478

Telephone Number of Designated Agent: 931-424-4014

Facsimile Number of Designated Agent: 931-424-4017

Email Address of Designated Agent: christa.simmons@tcpulaski.edu

Signature of Representative of the Designating Service Provider:

Date: 10/11/12

Typed or Printed Name and Title: Mr. Tony Creecy, 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**

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