

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

Full Legal Name of Service Provider: Volunteer State Community College

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

Address of Service Provider: 1480 Nashville Pike, Gallatin, TN 37066-3188

Name of Agent Designated to Receive Notification of Claimed Infringement: Brian Kraus

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):
Brian Kraus, Director of Technology, Volunteer State Community College,
1480 Nashville Pike, Warf 117, Gallatin, TN 37066

Telephone Number of Designated Agent: 615-230-3428

Facsimile Number of Designated Agent: 615-230-3431

Email Address of Designated Agent: brian.kraus@volstate.edu

The Designating Service Provider: _____
Date: 10/23/12

Typed or Printed Name and Title: Dr. Jerry Faulkner, 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**

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Mail the form to:
Copyright I&R/Recordation
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Washington, DC 20024

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