

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

Full Legal Name of Service Provider: Dyersburg State Community College

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

Address of Service Provider: 15 10 Lake Road, Dyersburg, TN 38024

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Robert L. Lhota

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):
Learning Resources Center, Dyersburg State Community College
1510 Lake Road, Dyersburg, TN 38024

Telephone Number of Designated Agent: 901-286-3226

Facsimile Number of Designated Agent: 901-286-3228

Email Address of Designated Agent: lhota@fs386.dscc.cc.tn.us

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1-6-99

Typed or Printed Name and Title: Karen A. Bowyer, President

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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