

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

**Full Legal Name of Service Provider:** Northeast State Technical Community College

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

**Address of Service Provider:** 2425 Highway 75, Blountville, TN 37617

**Name of Agent Designated to Receive Notification of Claimed Infringement:** John Thomason

**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):  
2425 Highway 75, P.O. Box 246, Blountville, TN 37617

**Telephone Number of Designated Agent:** (423) 323-3191

**Facsimile Number of Designated Agent:** (423) 323-3083

**Email Address of Designated Agent:** jthomason@nstcc.cc.tn.us

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** January 26, 1999

**Typed or Printed Name and Title:** John Thomason, Assistant Vice President  
Information Technology and Administrative Services

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

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**RECEIVED**

**FEB 9 1999  
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