

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

Full Legal Name of Service Provider: Pellissippi 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: 10915 Hardin Valley Road -- PO Box 22990, Knoxville, TN
37933-0990

Name of Agent Designated to Receive
Notification of Claimed Infringement: Peter Nerzak

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):
10915 Hardin Valley Road -- PO Box 22990, Knoxville, TN 37933-0990

Telephone Number of Designated Agent: 423-694-6517

Facsimile Number of Designated Agent: 423-694-6625

Email Address of Designated Agent: pnerzak@pstcc.cc.tn.us

Signature of Officer or Representative of the Designating Service Provider: _____
Date: February 24, 1999

Typed or Printed Name and Title: Director, Library Services

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

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