

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

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

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

Address of Service Provider: P. O. Box 249, Covington, TN 38019

Name of Agent Designated to Receive
Notification of Claimed Infringement: Patricia Avent

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 Covington, 1600 Highway 51 South, Covington, TN 38019

Telephone Number of Designated Agent: 901-475-2526

Facsimile Number of Designated Agent: 901-475-2528

Email Address of Designated Agent: Patricia.avent@ttccovington.edu

Representative of the Designating Service Provider:

Date: 11-11-12

Title: Mr. William N. Ray, 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**

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024

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