

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

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

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

Address of Service Provider: 241 Vo-Tech Drive, McMinnville, TN 37110

Name of Agent Designated to Receive Notification of Claimed Infringement: Debra Akers

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 McMinnville, 241 Vo-Tech Dr., McMinnville, TN 37110

Telephone Number of Designated Agent: 931-473-5587 ext 245

Facsimile Number of Designated Agent: 931-473-6380

Email Address of Designated Agent: debra.akers@ttcmcminnville.edu

Signature of the Designating Service Provider: _____
Date: 10/12/12

Typed or Printed Name and Title: _____
Dr. Warren Laux, 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**

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