

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

**Full Legal Name of Service Provider:** Tennessee Technology Center at Morristown

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

**Address of Service Provider:** 821 West Louise Ave., Morristown, TN 37813

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Bob Herman

**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 Morristown, 821 West Louise Ave., Morristown, TN 37813

**Telephone Number of Designated Agent:** 423-581-4294

**Facsimile Number of Designated Agent:** 423-586-8030

**Email Address of Designated Agent:** bherman@ttcmorristown.edu

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 10-11-2012

**Typed or Printed Name and Title:** Ms. Lynn Elkins, 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](http://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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