

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

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

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

Address of Service Provider: 312 South Wilson, Paris, TN 38242

Name of Agent Designated to Receive
Notification of Claimed Infringement: Pam Bigham

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 Paris, 312 South Wilson, Paris, TN 38242

Telephone Number of Designated Agent: 731-644-7365

Facsimile Number of Designated Agent: 731-644-7368

Email Address of Designated Agent: pam.bigham@ttcparis.edu

Signature of Representative of the Designating Service Provider: _____

Date: 10-11-12

Typed or Printed Name and Title: Dr. Brad White, 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



Scanned
DEC 14 2012

Received
NOV 20 2012
Copyright Office