

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

Full Legal Name of Service Provider: Lurleen B. Wallace Commuity College

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

Address of Service Provider: 1000 Dannelly Blvd. Andalusia Al. 36420

Name of Agent Designated to Receive Notification of Claimed Infringement: James G. Aplin

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):
P.O. Box 1418 Andalusia, Al. 36420

Telephone Number of Designated Agent: 334-881-2227

Facsimile Number of Designated Agent: 334-881-2300

Email Address of Designated Agent: jgaplin@lbwcc.edu

Signature of the Designating Service Provider: _____
Date: 4/29/14

Typed or Printed Name and Title: _____
President

**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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MAY 20 2014

Received
MAY 12 2014
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