

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

Full Legal Name of Service Provider: River Counties Multiple Service

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

Address of Service Provider: 2070 Candies Lane NW Cleveland TN 37312

Name of Agent Designated to Receive Notification of Claimed Infringement: Tara Hampton

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):
2070 Candies Lane NW Cleveland TN 37312

Telephone Number of Designated Agent: 423-476-5912

Facsimile Number of Designated Agent: 423-478-5964

Email Address of Designated Agent: tara@rivercounties.com

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 02/18/2016

Typed or Printed Name and Title: Tara Hampton, Association Executive

**Note: This Interim Designation Must be Accompanied by a Filing Fee*
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