

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

Full Legal Name of Service Provider: Tennessee College of Applied Technology -Oneida/Huntsville

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

Address of Service Provider: 355 Scott High Dr., Huntsville, TN 37756

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Tim Smith

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 College of Applied Technology-Oneida/Huntsville, 355 Scott High Dr., Huntsville, TN 37756

Telephone Number of Designated Agent: 423-663-4900

Facsimile Number of Designated Agent: 423-663-4925

Email Address of Designated Agent: tsmith@tcatoneida.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: 162340526, Copyright Office Received November 20, 2012

 **Signature of the Designating Service Provider:** _____

Date: 11/5/15

Typed or Printed Name and Title: Dwight Murphy, Director

**Note: This Amended 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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MAR 03 2016

Copyright Office

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