

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

Full Legal Name of Service Provider: Tennessee State University

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

Address of Service Provider: 3500 John Merritt Blvd., Nashville, TN 37209

Name of Agent Designated to Receive Notification of Claimed Infringement: Don Fritts

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 State University, 3500 John Merritt Blvd. P. O. Box 9640, Nashville, TN 37209

Telephone Number of Designated Agent: 1-615-963-7655

Facsimile Number of Designated Agent: 1-615-963-7675

Email Address of Designated Agent: dfritts1@tnstate.edu

Signature of the Designating Service Provider: _____
Date: 12/5/12

Typed or Printed Name and Title: Dr. Portia H. Shields, Interim 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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