

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

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

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

Address of Service Provider: P. O. Box 2959, Crossville, TN 38555

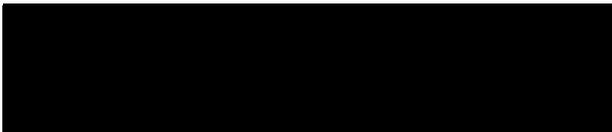
**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Betty Parker

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 Crossville, 910 Miller Avenue, Crossville, TN 38555

Telephone Number of Designated Agent: 931-484-7502

Facsimile Number of Designated Agent: 931-484-8911

Email Address of Designated Agent: betty.parker@ttcc.edu



Designating Service Provider: _____
Date: 10.11.12

Typed or Printed Name and Title: Mr. Don Sadler, 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

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