

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

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

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

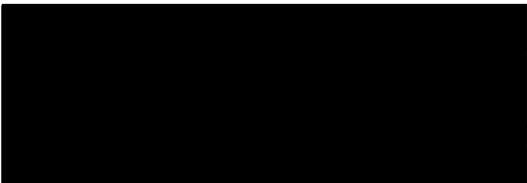
Address of Service Provider: P. O. Box 789, Elizabethton, TN 37643

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Nate Hall

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 Elizabethton, 426 Highway 91, Elizabethton, TN 37643

Telephone Number of Designated Agent: 423-547-2590 ext. 404

Facsimile Number of Designated Agent: 423-547-2587

 nate.hall@tcelizabethton.edu

_____ of the Designating Service Provider:

Date: 10-11-12

Typed or Printed Name and Title: Mr. Dean Blevins, 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**

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