

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

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

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

Address of Service Provider: 1745 Harriman Highway, Harriman, TN 37748

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Kim Kruse

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 Harriman, 1745 Harriman Hwy, Harriman, TN 37748

Telephone Number of Designated Agent: 865-882-6703 ext 12

Facsimile Number of Designated Agent: 865-882-5038

Email Address of Designated Agent: kkruise@ttcharriman.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 10/12/12

Typed or Printed Name and Title:

Ms. Danice Turpin, 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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