

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

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

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

Address of Service Provider: P. O. Box 419, Jacksboro, TN 37757

Name of Agent Designated to Receive Notification of Claimed Infringement: Portia Hatfield

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 Jacksboro, 265 Elkins Road, Jacksboro, TN 37757

Telephone Number of Designated Agent: 423-566-9629 ext 116

Facsimile Number of Designated Agent: 423-566-9713

Email Address of Designated Agent: portia.hatfield@ttcjacksboro.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10/15/12

Typed or Printed Name and Title: Mr. David Browder, 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**

Scanned

DEC 14 2012

Received

NOV 26 2012

Copyright Office

