

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

Full Legal Name of Service Provider: Walters State Community College

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

Address of Service Provider: 500 South Davy Crockett Parkway
Morristown, Tennessee 37813-6899

Name of Agent Designated to Receive Notification of Claimed Infringement: Gary J. Skolits

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):

Office of Planning, Research and Assessment
500 South Davy Crockett Parkway
Morristown, Tennessee 37813-6899

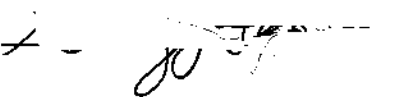
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Telephone Number of Designated Agent: (423) 585-6897

Facsimile Number of Designated Agent: (423) 318-2770

Email Address of Designated Agent: gary.skolits@wscc.cc.tn.us

Signature of Officer or Representative of the Designating Service Provider:

 **Date:** 01/29/99

Typed or Printed Name and Title: Gary J. Skolits, Assistant Vice President for Academic Affairs and Dean of Planning, Research and Assessment

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

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