

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

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

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

Address of Service Provider: 716 McMurry Boulevard, Hartsville, TN 37074

Name of Agent Designated to Receive Notification of Claimed Infringement: Mae W. Banks, Assistant Director

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 Hartsville

716 McMurry Boulevard, Hartsville, TN 37074

Telephone Number of Designated Agent: (615)374-2147

Facsimile Number of Designated Agent: (615)374-2149

Email Address of Designated Agent: mbanks@hartsville.tec.tn.us

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 2/19/99

Typed or Printed Name and Title: Mae W. Banks, Assistant Director

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

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