

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

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

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

Address of Service Provider: 1405 Madison Street, Shelbyville, TN 37160

Name of Agent Designated to Receive Notification of Claimed Infringement: Ronald H. Adcock, 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):

1405 Madison Street, Shelbyville, TN 37160

Telephone Number of Designated Agent: (931) 685-5013

Facsimile Number of Designated Agent: (931) 685-5016

Email Address of Designated Agent: radcock@shelbyville.tec.tn.us

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

Date: February 22, 1999

Typed or Printed Name and Title: Ronald H. Adcock, Director

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

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