

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

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

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

Address of Service Provider: P. O. Box 219, 740 High Tech Drive, Livingston, TN 38570

Name of Agent Designated to Receive
Notification of Claimed Infringement: Myra West

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):

P. O. Box 219, 740 High Tech Drive
Livingston, TN 38570

Telephone Number of Designated Agent: 931-823-5525

Facsimile Number of Designated Agent: 931-823-7484

Email Address of Designated Agent: mwest@livingston.tec.tn.us

Signature of Officer or Representative of the Designating Service Provider:

Date: 02-26-99

Typed or Printed Name and Title: Myra West, 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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