

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

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

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

Address of Service Provider: 2468 Technology Center Dr., Jackson, TN 38301

Name of Agent Designated to Receive Notification of Claimed Infringement: Heath Stewart

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 Jackson, 2468 Technology Center Dr., Jackson, TN 38301

Telephone Number of Designated Agent: 731-424-0691 ext 132

Facsimile Number of Designated Agent: 731-423-5303

Email Address of Designated Agent: heath.stewart@ttcjackson.edu

Signature of Designating Service Provider: _____
Date: 10-11-12

Typed or Printed Name and Title: Mr. Jeff Sisk, 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**

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**

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