

**Amended 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, Livingston, TN 38570

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Stacy Johnson

**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 Livingston, 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:** stacy.johnson@ttcalivingston.edu

**Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office:** 102014116 Copyright Office Received March 2, 1999

**\_\_\_\_\_ Representative of the Designating Service Provider:**

**Date:** 10-11-12

**Type of Printed Name and Title:** Mr. Ralph Robbino, Director

**Scanned**

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

**DEC 14 2012**

**\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

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

**Received**

**NOV 26 2012**

**Copyright Office**

