

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

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

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

Address of Service Provider: P.O.Box 489, Whiteville, TN 38075

Name of Agent Designated to Receive Notification of Claimed Infringement: Lisa Jacobs

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 Whiteville, 1685 Highway 64, Whiteville, TN 38075

Telephone Number of Designated Agent: 731-254-8521 ext 114

Facsimile Number of Designated Agent: 731-254-9558

Email Address of Designated Agent: lisa.jacobs@ttcwhiteville.edu

Designating Service Provider: _____
Date: 10/11/12

Typed or Printed Name and Title: Ms. Carolyn Beverly, 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**

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