

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

Basic fee of \$105
covers indexing
of this one name.

Full Legal Name of Service Provider: HENRY COUNTY SCHOOL SYSTEM

Additional \$35
per group of 10
or fewer.

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

Address of Service Provider: 217 GROVE BLVD PARIS TN 38242

Name of Agent Designated to Receive Notification of Claimed Infringement: DENTON JORDAN

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):
HENRY COUNTY SCHOOL SYSTEM
217 GROVE BLVD PARIS, TN 38242

Telephone Number of Designated Agent: 731-642-9733

Facsimile Number of Designated Agent: 731-642-8073

Email Address of Designated Agent: jordand@henryk12.net

 **Representative of the Designating Service Provider:** _____
Date: 7/30/2014

Typed or Printed Name and Title: Sam Miles
Director, HCSS

**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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