

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

Full Legal Name of Service Provider: Jackson State Community College

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

Address of Service Provider: 2046 North Parkway, Jackson, TN 38301

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Scott Cohen

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):
Jackson State Community College, 2046 North Parkway, Jackson, TN 38301

Telephone Number of Designated Agent: 1-731- 425-2815

Facsimile Number of Designated Agent: 1-731-425-8827

Email Address of Designated Agent: scohen@jacc.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: 131040732; Copyright Office Received January 10, 2003

Signature of Representative of the Designating Service Provider:
[Redacted Signature] Date: 10-31-12

Typed or Printed Name and Title: Dr. Bruce Blanding, President

Note: This Amended 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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