

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

**Full Legal Name of Service Provider:** Knox County Public Library

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** None

**Address of Service Provider:** 500 West Church Avenue, Knoxville, TN 37902

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Myretta Black

**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):  
Knox County Public Library 500 West Church Avenue Knoxville, TN 37902

**Telephone Number of Designated Agent:** 865-215-8703

**Facsimile Number of Designated Agent:** 865-215-8734

**Email Address of Designated Agent:** director@knoxlib.org

 **Signature of the Designating Service Provider:**

**Date:** August 21, 2014

**Typed or Printed Name and Title:** Myretta Black, 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](http://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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