

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

Full Legal Name of Service Provider: Nashville State Community College

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

Address of Service Provider: 120 White Bridge Road, Nashville, TN 37209

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Margaret Faye Jones

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):
Nashville State Community College, 120 White Bridge Road, Nashville, TN 37209

Telephone Number of Designated Agent: 615-353-3440

Facsimile Number of Designated Agent: 615-353-3558

Email Address of Designated Agent: Faye.jones@nsc.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: 102015050; Copyright Office Received March 9, 1999

Signature of the Designating Service Provider: _____
Date: 10-31-12

Typed or Printed Name and Title: Dr. George Van Allen, 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



Scanned
MAR 15 2013

Received
FEB 27 2013
Copyright Office