

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

**Full Legal Name of Service Provider:** Southwest Tennessee Community College

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

**Address of Service Provider:** 5983 Macon Cove, Memphis, TN 38134

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Michael D. Boyd

**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):

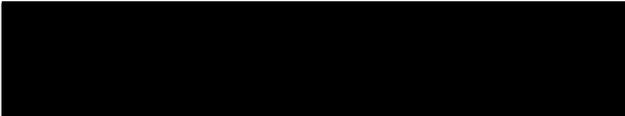
Southwest Tennessee Community College, 5983 Macon Cove, Memphis, TN 38134

**Telephone Number of Designated Agent:** 1-901-333-4318

**Facsimile Number of Designated Agent:** 1-901-333-4124

**Email Address of Designated Agent:** mboyd@southwest.tn.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: 106230088; Copyright Office Received July 27, 1999



**Designating Service Provider:**  
**Date:** 10-23-12

**Typed or Printed Name and Title:** Dr. Nathan Essex, 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](http://www.copyright.gov/docs/fees.html)

Mail the form to:  
Copyright I&R/Recordation  
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Washington, DC 20024



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