

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

Full Legal Name of Service Provider: Tennessee College of Applied Technology Knoxville

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

Address of Service Provider: 1100 Liberty Street Knoxville, Tennessee 37919

Name of Agent Designated to Receive Notification of Claimed Infringement: Tim Blais

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):
1100 Liberty Street
Knoxville, TN 37919

Telephone Number of Designated Agent: (865)766-4324

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: Tim.Blais@TCATKnoxville.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: 162340537, Copyright office Received November 20, 2012

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10/3/16

Typed or Printed Name and Title: Dwight Murphy, Director, TN College of Applied Technology Knoxville

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

SCANNED
JUN 14 2017
Received
NOV 28 2016
Copyright Office