

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

**Full Legal Name of Service Provider:** Tennessee College of Applied Technology-Shelbyville

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** TCAT-Shelbyville, Lewisburg  
Campus

**Address of Service Provider:** Adult Education Center, 218 W. Commerce St., Lewisburg, TN 37091

**Name of Agent Designated to Receive Notification of Claimed Infringement:** \_\_\_\_\_

**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):  
1405 Madison Street  
Shelbyville, TN 37160

**Telephone Number of Designated Agent:** 931-685-5013 EXT. 149

**Facsimile Number of Designated Agent:** 931-685-5016

**Email Address of Designated Agent:** Steve.Mallard@tcatsshelbyville.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: \_\_\_\_\_

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_ **Date:** 10/19/2016

**Typed or Printed Name and Title:** Ivan Jones, Director

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:  
U.S. Copyright Office, Designated Agents  
P.O. Box 71537  
Washington, DC 20024-1537

**SCANNED**  
**JUN 27 2017**  
**Received**  
**NOV 28 2016**  
**Copyright Office**