

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

Full Legal Name of Service Provider: Thomas University

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

Address of Service Provider: 1501 Millpond Road, Thomasville, GA 31792

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

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):
Attn: Copyright Agent, Subject: Copyright Compliance, 1501 Millpond Road, Thomasville, GA, 31792

Telephone Number of Designated Agent: 229-226-1621

Facsimile Number of Designated Agent: 229-227-6888

Email Address of Designated Agent: copyright@thomasu.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11-02-2011

Typed or Printed Name and Title: Tim Klocko, Vice President for Finance and Administration

**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**

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024

Received
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Copyright Office



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