

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

**Full Legal Name of Service Provider:** Columbia State Community College

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

**Address of Service Provider:** 1665 Hampshire Highway, Columbia, TN 38401

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Dr. Margaret Smith

**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):  
Columbia State Community College, 1665 Hampshire Highway, Columbia, TN 38401

**Telephone Number of Designated Agent:** 931-540-2517

**Facsimile Number of Designated Agent:** 931-560-4101

**Email Address of Designated Agent:** Margaret.smith@columbiastate.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: 103836223; Copyright Office Received February 22, 1999 Columbia State Comm. College

**Designating Service Provider:** \_\_\_\_\_  
**Date:** 2/12/13  
**Name and Title:** Dr. Janet Smith, 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)

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